

## Foundational Community Supports Provider Resource Guide

The Foundational Community Supports (FCS) program offers vital new services to Medicaid beneficiaries, many of whom have critical needs. The program also provides exciting new opportunities for community partnerships.

These new services include Community Support Services (CSS) that help people find and maintain community housing, and Individual Placement and Support (IPS), or supported employment, that helps people find jobs and stay employed.

This guide outlines the various resources available to current and potential providers of supportive housing and/or supported employment services under FCS.

Because FCS consists of Medicaid benefits, all FCS providers must be credentialed Medicaid providers. In addition, FCS providers must demonstrate the requisite expertise and capacity to deliver high quality supportive housing and/or supported employment services. These qualifiers can be demonstrated in a number of ways:

- CSS (aka supportive housing) – Prospective providers must be able to demonstrate one or more of the following:
  - Two years' experience coordinating supportive housing and/or independent living services in a social service setting.
  - Current supportive housing certification from the Department of Social and Health Services (DSHS), Division of Behavioral Health and Recovery (DBHR).
- Supported employment – Prospective providers must be able to:
  - Maintain a supported employment certification from the DBHR.
  - Maintain appropriate employment services accreditation/certification from the Commission on Accreditation of Rehabilitation Facilities (CARF), Employment Support Professional Certification Council (ESPCC), or the appropriate combination of education/experience as established in the provider contract.

More details can be found in the [FCS Provider Manual](#).

We understand that prospective FCS providers may have questions. Resources are available to answer these questions, and to support provider success.

**Question:** How do I become a Medicaid provider in order to qualify as an FCS services provider?

Contact Amerigroup to learn more about how they can help you obtain the credentials and/or certifications required to be able to bill for and receive Medicaid reimbursements for FCS services.

Contact: Amerigroup TPA  
Email: [FCSTPA@Amerigroup.com](mailto:FCSTPA@Amerigroup.com)  
Phone: 1-844-451-2828

**Question:** How do I find training or technical assistance to become a provider of supportive housing or supported employment services?

The Department of Social and Health Services (DSHS) has dedicated support teams for FCS providers across the state. Support teams are available for individualized training, shared learning and technical assistance resources in support of FCS service quality improvement.

**Division of Behavioral Health and Recovery**

The Division of Behavioral Health and Recovery (DBHR) support teams are available for on-site trainings and technical assistance for both supportive housing and supported employment services. These trainings including regional events and monthly webinars that focus on skill-building and resource topics. DBHR's support teams can help coordinate between Behavioral Health Organizations and FCS providers, and provide shared learning opportunities.

Please contact [Melodie Pazolt](mailto:Melodie.Pazolt@dshs.wa.gov) at [Melodie.pazolt@dshs.wa.gov](mailto:Melodie.pazolt@dshs.wa.gov) for information about webinars and training announcements.

Supportive housing training resources

*Eastern WA:* Amanda Polley, 360-522-3547, [Amanda.Polley@dshs.wa.gov](mailto:Amanda.Polley@dshs.wa.gov)  
*Western WA:* Kimberly Castle, 360-522-6570, [Kimberly.Castle@dshs.wa.gov](mailto:Kimberly.Castle@dshs.wa.gov)

Supported employment training resources

*Eastern WA:* Dawn Miller, 360-522-3544, [Dawn.Miller@dshs.wa.gov](mailto:Dawn.Miller@dshs.wa.gov)  
*Western WA:* Lisa Bennett-Perry, 360-725-3257, [Lisa.Bennett-Perry@dshs.wa.gov](mailto:Lisa.Bennett-Perry@dshs.wa.gov)

**Aging and Long-Term Support Administration (AL TSA):** The AL TSA support teams are available to help assess and refer long-term services and supports (LTSS) clients to Amerigroup for FCS services, as well as provide individualized training, support and care coordination for FCS providers serving AL TSA clients. Contacts are listed below:

Supportive housing training resources

Region 1: Ian Harpole, 509-568-3876, [harpol@dshs.wa.gov](mailto:harpol@dshs.wa.gov)

Region 2: Rob Parfet, 360-628-0974, [ParfeR@dshs.wa.gov](mailto:ParfeR@dshs.wa.gov)

Region 3: John Kistner, 360-725-3409, [KistnJ@dshs.wa.gov](mailto:KistnJ@dshs.wa.gov)

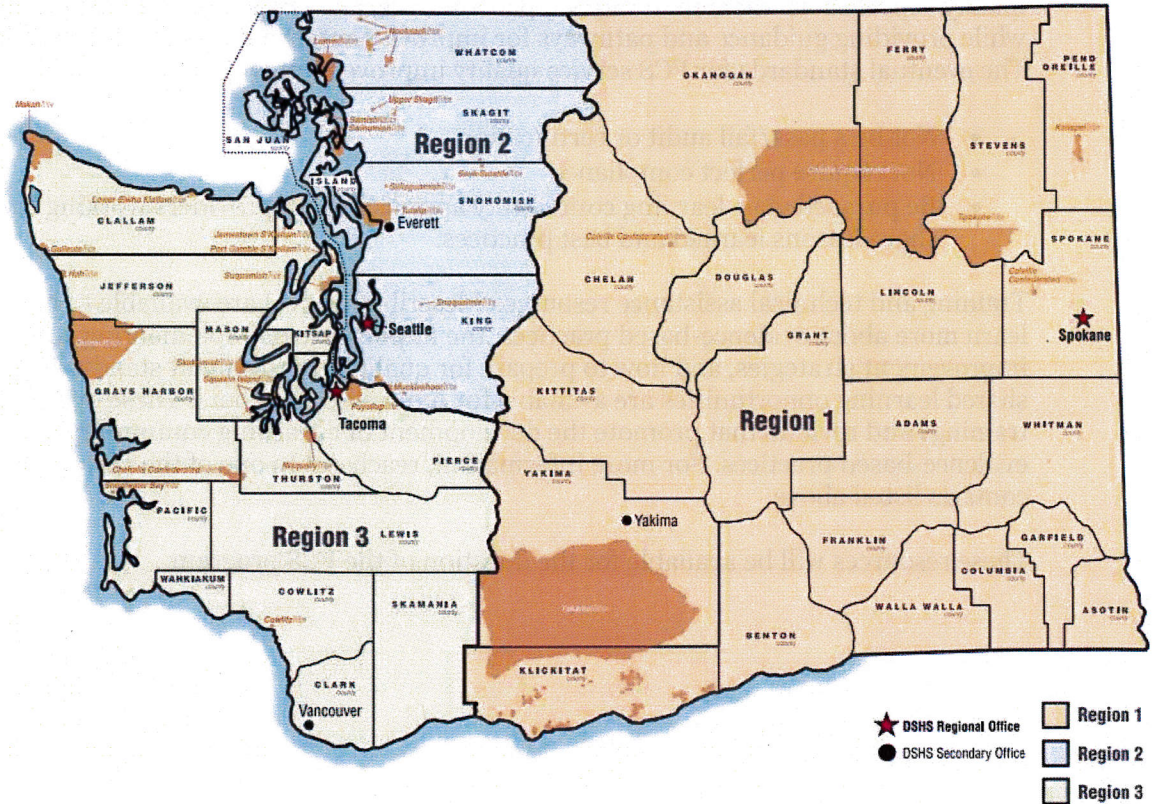
Supported employment training resources

Region 1: Jim Bischoff, 509-585-8073, [Bischj@dshs.wa.gov](mailto:Bischj@dshs.wa.gov)

Region 2: Krystal Baumann 360-522.2363, [SmithKA1@dshs.wa.gov](mailto:SmithKA1@dshs.wa.gov)

Region 3: Vicki Gillev, 360-874-4918, [GILLEV@dshs.wa.gov](mailto:GILLEV@dshs.wa.gov)

**DSHS Regional Map**



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March 15, 2018 - General inquiries about FCS and Medicaid Transformation can be sent to HCA at [MedicaidTransformation@hca.wa.gov](mailto:MedicaidTransformation@hca.wa.gov).

## **Question: How do I learn more about evidence-based model fidelity requirements under FCS?**

The goal of the FCS program is to support people in living healthier lives by addressing their housing and employment needs. Using evidence-based programs increases the likelihood of success – for people and for the FCS program.

The FCS service models are evidence-based programs that use quality improvement tools called fidelity scales to track performance against model standards. The goal is to improve services and achieve better housing and employment outcomes.

There will be no specific fidelity requirements in 2018 – the first year of service. This is because we want to support the rapid development of the state-wide provider networks for FCS services. FCS quality improvement standards will begin in January 2019. They will ensure a consistent quality expectations for community support services, and IPS supported employment services while providing guidance and pathways for improvement. Details will be released later this year. The eventual standards for FCS service quality improvement will:

- Not be a pass/fail audit or certification
- Not require perfect compliance
- Be pursued via a learning community approach, with providers working together to share lessons learned and best practices.

Training and technical assistance resources (described above) are available to help providers learn more about evidence-based practices, the importance of implementing continuous quality improvement strategies, and how to prepare for quality improvement standards. Additionally, shared learning opportunities are available for interested providers. These opportunities include trainings and reviews that promote the development of a learning community for the pursuit of evidence-based practices. For more information, reach out to one of the DBHR or ALTSA contacts listed above.

These resources will be available for the duration of the FCS program.

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:

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.
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 (DSHS) Aging and Long-Term Support Administration (AL TSA).
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 treatment episodes	Two or more instances of substance use treatment in the past two years

## **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](mailto: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**:

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
Two or more contacts in the past 12 months or 90 or more consecutive days within an institutional setting	Eligible settings include: <ul style="list-style-type: none"> <li>• Skilled nursing facility</li> <li>• Inpatient hospital</li> <li>• Psychiatric institution</li> <li>• Correctional facility</li> </ul>
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

Risk factor	Example
Diagnosed mental health and/or SUD that is at risk of deteriorating without intervention	<p>Factors resulting in deterioration may include the following:</p> <ul style="list-style-type: none"> <li>• Social isolation resulting from criminal justice involvement, homelessness, poverty, etc.</li> <li>• Care for condition requires multiple provider types</li> <li>• Has 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.

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.







STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Behavioral Health Administration  
Division of Behavioral Health and Recovery  
PO Box 45330, Olympia, WA 98504-5330

March 21, 2018

State of Washington  
Behavioral Health Organizations  
Various

In the new Senate bill **ESSB 6032** Section 213 (5)(PP) Community Behavioral Health Program [Page 192], there is an opportunity for additional funding for Behavioral Health Organizations (BHOs) that are provided solely for the enhancement of community-based behavioral health services. While the bill's language calls out BHOs, fiscal assumptions and this request for plans includes fully integrated managed care (IMC) regions.

**Funding Available – See attached regional spreadsheet**

**In order to receive these funds, each region must submit a plan addressing the following issues:**

1. Reduction in the use of long-term commitment beds through community alternatives;
2. Compliance with RCW 71.05.365 requirements for transition of state hospital patients into community settings within 14 days of the determination that they no longer require active psychiatric treatment at an inpatient level of care;
3. Improvement of staff recruitment and retention in community behavioral health facilities;
4. Diversion of individuals with behavioral health issues from the criminal justice system; and
5. Efforts to improve recovery oriented services, including, but not limited to, expansion of clubhouse models.

Please note: the plans are **not** limited to the funding provided above and may factor in all resources available in the region, for behavioral health.

All plans must demonstrate collaboration between the BHO and the currently contracted Apple Health Managed Care Organizations in the BHO region.

Plans are due no later than June 1, 2018 to the Division of Behavioral Health and Recovery. Please direct your questions to Larry Green at [greenlp@dshs.wa.gov](mailto:greenlp@dshs.wa.gov).

Sincerely,

Melena Thompson, MEd,  
Office of Federal Programs, DBHR

cc: David Reed, Behavioral Health and Managed Care, DBHR  
Larry Green, BHO Program Manager, DBHR



**FY19 Enhancement Proviso Estimated Funding to BHOs/Regions**

Estimated Total Enhancement Funding FY19					
BHO/Region	GFS - Rates	GFF - Rates	Total Medicaid Funding	GFS - 20% Non-Medicaid	Total Enhancement
Great Rivers	\$ 1,100,240	\$ 2,802,688	\$ 3,902,928	\$ 167,413	\$ 4,070,341
Greater Columbia	\$ 1,746,270	\$ 4,503,764	\$ 6,250,035	\$ 434,612	\$ 6,684,646
King	\$ 4,744,563	\$ 12,006,117	\$ 16,750,680	\$ 1,280,434	\$ 18,031,115
North Central (IMC)	\$ 611,575	\$ 1,411,370	\$ 2,022,946	\$ 144,643	\$ 2,167,588
North Sound	\$ 2,351,977	\$ 6,916,869	\$ 9,268,846	\$ 992,088	\$ 10,260,934
Pierce	\$ 2,228,891	\$ 5,557,905	\$ 7,786,796	\$ 510,937	\$ 8,297,733
Salish	\$ 1,000,165	\$ 2,398,163	\$ 3,398,328	\$ 219,916	\$ 3,618,244
Southwest (IMC)	\$ 1,254,276	\$ 3,229,221	\$ 4,483,497	\$ 293,411	\$ 4,776,908
Spokane	\$ 2,288,936	\$ 5,481,272	\$ 7,770,208	\$ 371,818	\$ 8,142,026
Thurston Mason	\$ 764,640	\$ 2,226,145	\$ 2,990,785	\$ 202,193	\$ 3,192,978
<b>Total</b>	<b>\$ 18,091,534</b>	<b>\$ 46,533,514</b>	<b>\$ 64,625,047</b>	<b>\$ 4,617,465</b>	<b>\$ 69,242,513</b>

Estimated Enhancement Funding Jul - Dec 2018					
BHO/Region	GFS - Rates	GFF - Rates	Total Medicaid Funding	GFS - 20% Non-Medicaid	Total Enhancement
Great Rivers	\$ 561,738	\$ 1,414,166	\$ 1,975,904	\$ 83,707	\$ 2,059,610
Greater Columbia	\$ 884,870	\$ 2,256,571	\$ 3,141,441	\$ 217,306	\$ 3,358,747
King	\$ 2,406,540	\$ 6,029,336	\$ 8,435,876	\$ 640,217	\$ 9,076,093
North Central (IMC)	\$ 315,044	\$ 715,225	\$ 1,030,269	\$ 72,321	\$ 1,102,591
North Sound	\$ 1,191,287	\$ 3,460,060	\$ 4,651,346	\$ 496,044	\$ 5,147,391
Pierce	\$ 1,127,628	\$ 2,785,236	\$ 3,912,863	\$ 255,469	\$ 4,168,332
Salish	\$ 516,129	\$ 1,215,850	\$ 1,731,979	\$ 109,958	\$ 1,841,937
Southwest (IMC)	\$ 649,628	\$ 1,637,727	\$ 2,287,355	\$ 146,706	\$ 2,434,061
Spokane	\$ 1,170,540	\$ 2,756,270	\$ 3,926,810	\$ 185,909	\$ 4,112,719
Thurston Mason	\$ 390,524	\$ 1,122,135	\$ 1,512,659	\$ 101,096	\$ 1,613,756
<b>Total</b>	<b>\$ 9,213,928</b>	<b>\$ 23,392,574</b>	<b>\$ 32,606,503</b>	<b>\$ 2,308,733</b>	<b>\$ 34,915,236</b>

Estimated Enhancement Funding Jan - Jun 2019					
BHO/Region	GFS - Rates	GFF - Rates	Total Medicaid Funding	GFS - 20% Non-Medicaid	Total Enhancement
Great Rivers	\$ 538,502	\$ 1,388,522	\$ 1,951,464	\$ 83,707	\$ 2,035,170
Greater Columbia (IMC)	\$ 861,400	\$ 2,247,193	\$ 3,125,017	\$ 217,306	\$ 3,342,323
King (IMC)	\$ 2,338,023	\$ 5,976,781	\$ 8,375,340	\$ 640,217	\$ 9,015,557
North Central (IMC)	\$ 296,531	\$ 696,145	\$ 1,011,473	\$ 72,321	\$ 1,083,794
North Sound (IMC)	\$ 1,160,690	\$ 3,456,809	\$ 4,634,423	\$ 496,044	\$ 5,130,467
Pierce (IMC)	\$ 1,101,263	\$ 2,772,669	\$ 3,893,398	\$ 255,469	\$ 4,148,866
Salish	\$ 484,036	\$ 1,182,313	\$ 1,699,164	\$ 109,958	\$ 1,809,122
Southwest (IMC)	\$ 604,648	\$ 1,591,494	\$ 2,241,749	\$ 146,706	\$ 2,388,454
Spokane (IMC)	\$ 1,118,396	\$ 2,725,002	\$ 3,885,104	\$ 185,909	\$ 4,071,013
Thurston Mason	\$ 374,116	\$ 1,104,010	\$ 1,495,392	\$ 101,096	\$ 1,596,489
<b>Total</b>	<b>\$ 8,877,605</b>	<b>\$ 23,140,939</b>	<b>\$ 32,312,524</b>	<b>\$ 2,308,733</b>	<b>\$ 34,621,256</b>

*These Estimates are for discussion purposes only*  
 BHA Administrators Meeting  
 March 22, 2018

