Foundational Community Supports (FCS) third-party administrator

Transition Assistance Program (TAP) Online Request Form Training

Online assessment forms

Online Transition Assistance Program (*TAP) Request* form **will be live** on the [FCS provider website](#) on February 17, 2023. The link will be under the *Transition Assistance Program* section.

➕ **Additional Resources**

➖ **Transition Assistance Program**

📄 FCS TAP Overpayment Notification Form

📄 FCS TAP Frequently Asked Questions

📄 FCS TAP Participant Agreement

📄 FCS TAP Quick Reference Guide

📄 FCS TAP Reimbursement Request Form

📄 FCS TAP Subsidy Guidelines

Transition period

Our goal is to have all TAP providers utilizing the online request forms once we go live on **February 17, 2023**. We will notify everyone via email once the system is live on our website. We will phase out the spreadsheet request form by **March 6, 2023,** and will not accept any spreadsheets after that date.

Required fields

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 to 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*
✕	✕	✕	✕	✕
⚠ 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*
✕		
⚠ 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*

Enrollee information

Enrollee Information

First Name*

Middle Initial

Last Name*

DOB*

Age

Gender* ?

mm/dd/yyyy

Select ∨

ProviderOne ID No.*

Medicaid Eligibility* ?

Recipient Aid Category (RAC) Code* ?

WA

Select ∨

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:** Client's first name
- **Middle initial:** Client's middle initial, if available
- **Last name:** Client's last name
- **DOB and age:** Client's date of birth. (Age will automatically populate.)
- **Gender:** Client's gender
- **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 be rejected.
- **Medicaid eligibility:** Client's benefit services package from ProviderOne
- **Recipient aid category (RAC) code:** Client's RAC code from ProviderOne
- **Tribal information:** Please specify if client is a member of an American Indian/Alaska Native Tribe. If yes, please specify which Tribe.

Housing information

Housing Information

Housing Status*

[Select ⌄]

Exiting an Institution?*   If yes, Type of Institution

○ Yes ○ No

[Select]

County*   Region ❓

[Select ⌄]   [ ]

SH Auth Start Date* ❓   SH Auth End Date* ❓   Treatment Need* ❓

[mm/dd/yyyy]   [mm/dd/yyyy]   [Select ⌄]

[Clear]   [Next]

Housing information (cont.)

- **Housing status –** What the client's current housing status is
- **Exiting and institution –** If the client 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 –** Current county of where client is residing. (Region will automatically populate)
- **SH Auth start date –** Start date of current, active FCS supportive housing (SH) authorization
- **SH Auth end date –** End date of current, active FCS supportive housing (SH) authorization
- **Treatment need –** Specify treatment need

Reimbursement information

Reimbursement Information

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

Category* ❓	Description* ❓	Amount* ❓	Date* ❓
Exception to Policy ... ▾	Mattress ▾	$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

[   ]

Back

Review and Submit

10

Reimbursement 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 Exception to Policy (ETP) expense is a barrier to this enrollee's housing transition (required for all ETPS)
- **Add expenditure:** add multiple expenditures for client
- **Notes:** add any additional notes you feel will be helpful for the client's request

Reimbursement information (cont.)

TAP for FCS funding category	Items covered	Can spend
IDs and other documentation	• Identification documents/cards • Birth certificates • Social Security cards	**Up to $80 each**
Application fees	• Rental application fees • Background check • Credit check	**Up to $100 each**
Transitional housing fees	• Fees associated with entering certain transitional housing such as urinalysis	**Up to $100 each**
Moving expenses	• Moving vehicle rental • Moving supplies	**Up to $300 total**
Move-in assistance	• Security, pet, and/or damage deposits • First and last month's rent • Any appropriate and reasonable non-refundable fees (fees may be annualized)	**Up to $5,000 total:** • Monthly rent must be under 120% Fair Market Rent (FMR) • Enrollee must have ability to pay ongoing rent with or without long-term rental assistance

Reimbursement information (cont.)

TAP for FCS funding category	Items covered	Can spend
Home essentials & sustainability items	• Mattress • Small household appliances • Light furnishings • Cleaning supplies	ETP required
Arrears	• Utility • Rental • Storage	ETP required
Home modifications	• Reasonably priced home modifications approved by landlords	ETP required

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 client records. Press the *Review* and *Submit* button and review the request.

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

  o Once on the *Print Preview* screen, you can print to PDF and save, or print out the report.

  o Once completed, press **Submit.**

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

[🖶 Print Report] [Submit]

Treatment records

- Retain reimbursement PDF 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.

Confirmation: 6001

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

If you have questions about the status of an individual or have not heard back from us after the 6th business day, please email (FCSTPA@Amerigroup.com) or call us (1-844-451-2828).

Documentation

Amerigroup Washington, Inc. **does not** need any documentation sent to us for TAP requests. However, providers should keep documentation on file, including, but not limited to:

- TAP participant agreement.
- Receipts.
- Invoices.
- Copies of leases.

Approval/denials

- We will send emails notifying you if the TAP reimbursement request was approved, denied, or rejected twice a week (Mondays and Wednesdays). Providers will receive a spreadsheet similar to the spreadsheet we currently send, which will include all submitted information along with the request status (approved, denied, or rejected).

Payments

- With the new system, payments will be automated, and payments will be sent once a week on Tuesdays.

- We will no longer be using our Accounts Payable System; we will be using an internal payment system.

- For EFT, if you are set up to receive your FCS claims 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: enrollsafe.payeehub.org

  - If you would like electronic remittance advise (electronic *EOP*s), you can sign up for these through Availity* (Availity.com).

- Providers will now receive an *Explanation of Payment* with their TAP payments. This will be specific to TAP with product name WATAP.

Your questions

We're here for you

Amerigroup Washington, Inc.

Third-party administrator (TPA)

TransitionassistanceFCS@Amerigroup.com
Phone: **844-451-2828**
Fax: **844-470-8859**

Amerigroup [provider site](#) for FCS

FCS managers:

Ali LaFontaine
Ali.LaFontaine@amerigroup.com / C: **206-437-5459**

Brandon Knudson
Brandon.Knudson@amerigroup.com / C: **206-561-7939**

Connor Chinn
Connor.Chinn@amerigroup.com / C: **206-305-6718**

Tap program manager:

Joe Elder
Joe.Elder@amerigroup.com / C: **206-247-9230**

Special programs manager:

Leeza Lorence
Leeza.Lorence@amerigroup.com / C: **206-496-3517**

Quality improvement manager:

Jacob Avery
Jacob.Avery@amerigroup.com / C: **206-718-5083**

https://provider.amerigroup.com