Authorization Guide for Assisted Living Facility (ALF) Transitions

Assisted Living (ALF) Facility Transitions (formerly known as "Nursing Facility Transition/Diversion to Assisted Living Facilities," such as residential care facilities for the elderly and adult residential facilities) are designed to assist individuals with living in the community and avoiding institutionalization, whenever possible.

The goal of this service is to facilitate nursing facility transition back into a home-like, community setting and/or to prevent nursing facility admissions for members living in the community. This Community Support (CS) is intended for members with a need for nursing facility level of care (LOC) and is intended to provide a choice of living in an assisted living setting as an option over long-term placement in a nursing facility.

ALF includes a residential care facility for the elderly (RCFE) or an adult residential care facility (ARF).

Program overview

ALF transitions service includes two components, as follows:

1. Time-limited transition services and expenses: These enable a person to establish a residence in an ALF. Transition services end once the member establishes residency in the ALF. The transitional period will vary in length and services provided are based on a member's unique circumstances. Allowable expenses are those that enable a person to establish ALF residency (except room and board). They include, but are not limited to:

    - Assessing the member's housing needs and presenting options.
    - Assessing the service needs of the member to determine if the member needs enhanced onsite services at the ALF, to ensure the member is safely housed.
    - Assisting in securing an ALF residence, including the completion of facility applications and securing required documentation (e.g., Social Security card, birth certificate, prior rental history).
    - Moving expenses to support a member's transition, such as movers/moving supplies and necessary private/personal articles to establish an ALF residence. See list of eligible moving items on the ALF Referral Form.
    - Communicating with facility administration and coordinating the move.
    - Establishing procedures and contacts to retain housing at the ALF.

2. Ongoing assisted living services: These are provided to a member on an ongoing basis after they transition into the ALF. Members can receive these services long term, as long as the member can maintain residency in the ALF. These services include:
    - Assistance with activities of daily living (ADLs) and instrumental ADLs (IADLs).
    - Meal preparation.
    - Transportation.
    - Medication administration and oversight.
    - Companion services.

- Therapeutic social and recreational programming provided in a home-like environment.
- 24-hour direct care staff onsite at the ALF to meet unpredictable needs in a way that promotes maximum dignity and independence. Provide supervision, safety, and security care coordination services to 1) screen for eligibility and 2) support enrollment of members into Enhanced Care Management (ECM) and other CS services.

Eligibility

Members residing in a nursing facility who:

1. Have resided for 60+ days in a nursing facility; and
2. Are willing to live in an assisted living setting as an alternative to a nursing facility; and
3. Are able to reside safely in an ALF.

Members residing in the community who:

1. Are interested in remaining in the community; and
2. Are willing and able to reside safely in an ALF; and
3. Meet the minimum criteria to receive nursing facility LOC services[1] and, in lieu of going into a facility, choose to remain in the community and continue to receive medically necessary nursing facility LOC services at an ALF.

Members residing in the community includes members living in a private residence or public subsidized housing and members already residing in an ALF who are at risk of institutionalization.

Members who are receiving facility level health care services on an acute or post-acute care basis (such as hospitalization or a short-term skilled nursing facility stay) may be eligible for this CS, provided they otherwise meet the eligibility criteria.

Required documentation

ALF Transitions Referral Form, including supporting documentation listed below for:

Transition from a nursing facility (from facility to ALF):

- Admission face sheet
- Individual plan of care
- Copy of Assisted Living Waiver (ALW) application *(if member has applied for the ALW)*

Remain in community (from community to ALF):

1. Documentation of authorization for Community-Based Adult Services (CBAS) or
2. Documentation of authorization for In-Home Supportive Services (IHSS) or
3. Documentation of enrollment in Long-Term Services and Supports (LTSS) or a qualified waiver program or
4. Medical provider order for nursing facility LOC

[1] Nursing facility level of care as defined in Section 51124 of Title 22 of the California Code of Regulations.

Authorization Guide for ALF Transitions, *continued*

Authorization	
Initial authorization:	Will be issued for up to six months following receipt of all required documentation. **Note:** Transition from an acute setting to an ALF has a seven-day presumptive authorization period.
Reauthorization:	If an extension is needed, a new referral form must be submitted and include the following: 1. Reason for authorization extension 2. Individual plan of care 3. Status of ALW application (if member has applied for the ALW)

Overlap with other services

- Members can be connected to Housing Transition Navigation Services at the same time as the time-limited transition.[2]
- The time-limited transition services and ongoing assisted living services offered through ALF Transitions are designed to complement Enhanced Care Management (ECM).

Restrictions	State services to be avoided
• Member is participating in duplicative state, local, or federally funded programs. • A Member cannot receive both the ALW[3]/California Community Transitions (CCT)[4] program and the Plan's ALF Transition program. • Room and board expenses are not included in this service. Members may receive assistance with room and board from other sources at the same time as receiving this service.[5]	Examples include but are not limited to: • Skilled nursing facility services • Inpatient hospital services and • Psychiatric inpatient stays

Codes

- **T2038 U4** – Community transition; per service.
- **H2022 U5** – Community wraparound services, assisted living services, per diem.

Total lifetime maximum

N/A

[2]If member meets eligibility criteria and the MCP has made them available, as long as the activities provided are distinct between the Community Supports.

[3]For more information, see the DHCS ALW webpage. Available at https://www.dhcs.ca.gov/services/ltc/Pages/AssistedLivingWaiver.aspx. Accessed April 2025.

[4]For more information, see the DHCS CCT webpage. Available at https://www.dhcs.ca.gov/services/ltc/Pages/CCT.aspx. Accessed April 2025.

[5]Additional details on how members can obtain assistance for payment of room and board when residing in an ALF can be found on the DHCS ALW website.

Authorization Guide for ALF Transitions, *continued*

Allowable providers
Examples of allowable provider types include, but are not limited to: • Case Management Agencies • Home Health Agencies • ARF/RCFE operators • 1915(c) Home and Community Based Alternatives (HCBAs)/ALW providers • California Community Transitions/Money Follows the Person providers Placement at an ALW facility is encouraged, if available and appropriate for the member.