

Assisted Living Waiver Reimbursement Rates

2022 Payment Rates per Level of Care

For **Assisted Living Services** provided in either **Residential Care Facility for the Elderly, Adult Residential Facility**, or in a **Public Housing Setting** serviced by a **Home Health Agency**

Tier 1	\$84.00 per participant per day	(Service Code/Modifier T2031, U1)
Tier 2	\$101.00 per participant per day	(Service Code/Modifier T2031, U2)
Tier 3	\$115.00 per participant per day	(Service Code/Modifier T2031, U3)
Tier 4	\$133.00 per participant per day	(Service Code/Modifier T2031, U4)
Tier 5	\$200.00 per participant per day	(Service Code/Modifier T2031, U5)

Residential Habilitation: \$6.75 per 15 minutes (Service Code/Modifier T2017, U4)

Residential Habilitation Services: Available to all tiers, these services require prior approval from DHCS Nurse Evaluator and provides for additional, appropriate staff to assist in acquiring, retaining, and improving the self-help, socialization, and adaptive skills as needed by the participant. See page 4 of Assisted Living Waiver for Services Specifications:

<https://www.dhcs.ca.gov/services/ltc/Documents/ALW-Renewal-2019-2024-Approved.pdf>

Room and Board

The Assisted Living Waiver does not pay for participants' Room and Board. Waiver participants are responsible for making Room and Board payments (aka rent) to Adult Residential Facilities, Residential Care Facilities for the Elderly, or Public Subsidized Housing property owners. Most ALW participants use their [Social Security Income/State Supplementary Payment \(SSI/SSP\)](#) to pay for rent. Each year, the federal Social Security Administration (SSA) publishes maximum SSI benefits available to beneficiaries in different living arrangements.

For more information on federal SSI benefits, Living Arrangements, and personal needs allowance, visit: <https://www.ssa.gov/ssi/text-living-ussi.htm>

For more information on California's SSP, visit: <https://www.cdss.ca.gov/inforesources/ssi-ssp>

Care Coordination and Nursing Facility Transition

Care Coordination Compensation is \$320.00 per participant per month.
(Service Code G9002)

- For Transitional Care Coordination from a Nursing Facility, the coordinator receives a one-time fee of \$1,600.00 per participant (Service Code G9001).

Augmented Plan of Care Development and Follow-Up: \$11.36 per 15 minutes
(Service Code/Modifier T2024)

Augmented Plan of Care: A systematic assessment of a participant's conduct that identifies functional and dysfunctional behaviors, followed by the development of a written behavior plan, and the training of personnel to implement the behavior plan, monitor the effectiveness, and modify the plan if necessary. Approval must be received from DHCS prior to billing for Augmented Plan of Care Development and Follow-up.

See page 4 of Assisted Living Waiver for Services Specifications:

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