ECM RCFE Provider Guidance Checklist

RCFE Transitions, Assisted Living Waiver (ALW), and Recuperative Care

This checklist supports ECM providers when members or representatives ask about transition to a Residential Care Facility for the Elderly (RCFE), the Assisted Living Waiver (ALW), or Recuperative Care. Use the boxes below to track completed steps. ECM does not authorize RCFE placement, guarantee facility acceptance, arrange private payment, or pay for room and board.

Key Points to Remember

- RCFE placement is generally private pay unless another funding source is available.
- The member must have income or another funding source to pay for RCFE room and board or residential fees.
- CCAH may continue to cover medically necessary Medi-Cal-covered services for eligible members.
- CCAH does not pay standard RCFE room and board or private-pay residential placement costs.
- ECM does not pay for RCFE placement.
- Standard RCFE placement is not the same as a Community Supports authorization.
- ALW is not currently available in Alliance counties.
- ALW enrollment is completed through approved ALW Care Coordination Agencies, not directly through ECM.

Levels of Care Comparison: Home, Recuperative Care, RCFE, and SNF

Use this comparison to help members, representatives, and the care team understand how these settings differ before discussing a transition.

	Home	Recuperative Care	RCFE	SNF
What it is	Member's own residence; care managed by outpatient providers and caregivers	Short-term Community Supports (medical respite) providing a safe recovery setting after an ED visit, hospitalization, or urgent/primary care visit	Non-medical, community-based residential setting providing room, board, supervision, and ADL/IADL support	Licensed facility providing 24-hour skilled nursing care and medical management

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Who typically qualifies	– Medically stable; does not require facility-level supervision – Safe to remain home with available caregiver/family support and/or authorized IHSS hours – IHSS requires a county functional needs assessment and Medi-Cal eligibility	– Experiencing homelessness or an unstable living situation – Too ill or frail to safely recover in current living situation, but does not require hospitalization – Has a serious chronic condition, serious mental illness, and/or risk of institutionalization or SUD residential care, or is exiting a qualifying institution – Must be eligible for and authorized by CCAH as a Community Supports benefit	– Adult (generally age 60+) needing ADL/IADL assistance who does not require 24-hour skilled nursing care – Must pass the facility's pre-admission appraisal (medical, functional, mental, and social factors), confirming the facility can safely meet the member's needs – Cannot have a Title 22 "prohibited" health condition unless the facility holds an applicable waiver (e.g., dementia or hospice waiver) – Must have a confirmed funding source for room and board	– Meets Medi-Cal nursing facility level-of-care criteria — requires 24-hour skilled nursing care or supervision that cannot be safely provided at a lower level of care – Level of care is determined through a clinical assessment (e.g., PASRR, where applicable) – Must be authorized as medically necessary through UM/Concurrent Review
Medical / nursing care	None onsite; PCP, specialists, and home health as ordered	Basic health support and monitoring; not a substitute for skilled nursing or hospital-level care	Non-medical; medication assistance per facility license; no skilled nursing	24/7 licensed nursing, physician oversight, and rehabilitation therapies
Staffing/supervision	Family, caregiver, or IHSS provider	Onsite staff: model varies by contracted provider	Facility staff onsite per license category	RNs/LVNs onsite 24/7, CNAs, physician of record
ADL / IADL support	Per IHSS authorization or caregiver availability	Basic support to stabilize recovery	Included in residential fee (bathing, dressing, medication reminders, meals)	Full assistance provided by facility staff
Typical duration	Ongoing/indefinite	Short-term, combined with STPHH and Transitional Rent, capped at 6 months (182 days) per rolling 12-month period	Long-term/ongoing residential arrangement	Short-term rehabilitation stays or long-term custodial care, as needed

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Payment/authorization	Standard Medi-Cal benefits; IHSS authorized through the county	Community Supports benefit — authorized by CCAH when eligible, available, and appropriate; not automatic	Generally, private pay: not a Community Supports authorization; CCAH does not pay for room and board	Medi-Cal is covered when medically necessary and authorized through UM/Concurrent Review
Best fit for	A medically stable member who can remain safe with available support	A member experiencing homelessness or unstable housing who needs a safe, short-term place to recover and does not meet inpatient/SNF criteria	A member needing daily supervision and ADL support, but not skilled nursing, who has a funding source	A member requiring skilled nursing, rehabilitation, or continuous medical management

Recuperative Care is a Community Supports (CS) benefit under CalAIM, not an ECM service — it is authorized by CCAH only when the member is eligible, the service is available, and it is clinically appropriate. The six-month combined cap on Recuperative Care, Short-Term Post-Hospitalization Housing, and Transitional Rent is per the DHCS Community Supports Policy Guide, Volume 2. RCFE admission criteria are governed by Title 22, Division 6, Chapter 8 of the California Code of Regulations. Nursing facility level-of-care determinations are made through the applicable Medi-Cal clinical assessment and UM/Concurrent Review process, not by ECM or CIU.

RCFE Transition Support

When a member is being considered for transition to an RCFE, assess and document why the current setting is no longer meeting the member's needs.

Assessment & Documentation Checklist

- ☐ Current living situation
- ☐ Functional needs
- ☐ ADL and IADL support needs
- ☐ Safety concerns
- ☐ Fall risk or supervision needs, if applicable
- ☐ Cognitive, behavioral health, or memory-related concerns, if applicable
- ☐ Medical needs
- ☐ Medication needs
- ☐ Recent changes in condition

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- ☐ Recent emergency department visits or hospitalizations
- ☐ Recent transitions of care
- ☐ Current caregiver, family, or support person involvement
- ☐ Member preference and agreement with exploring RCFE placement
- ☐ Barriers preventing the member from remaining safely in the current setting

RCFE Admission Considerations

The member or representative generally works directly with the selected RCFE regarding admission requirements, room availability, cost, and facility-specific documentation.

Items Commonly Requested by an RCFE

- ☐ Completed 602A physician report
- ☐ Current medication list
- ☐ TB clearance
- ☐ Functional care needs
- ☐ Medical history
- ☐ Diagnosis list
- ☐ Emergency contact or responsible party information
- ☐ Proof of income or funding source
- ☐ Any facility-specific admission forms

The 602A form is generally completed by the PCP or appropriate licensed clinician. ECM may help coordinate completion, follow up with the PCP or facility, and support next steps — but should not complete clinical sections of the 602A outside its role or scope.

Income and Payment Responsibility

RCFE placement requires a funding source. Confirm the member has sufficient income or another funding source to cover room and board, residential fees, or private-pay placement costs.

Services CCAH May Continue to Cover

- Primary care
- Specialty care

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- Covered behavioral health services
- Pharmacy benefits
- Durable medical equipment, when medically necessary and authorized as required
- Covered Community Supports, when eligible, available, and authorized
- Other medically necessary Medi-Cal covered services

CCAH does not pay for standard RCFE room and board, private-pay placement fees, or facility residential costs outside of a covered and authorized benefit. Standard RCFE placement is not the same as a Community Supports authorization.

ECM Role in RCFE Transitions

ECM May Assist With

- ☐ Educating the member and representative about the RCFE transition process
- ☐ Supporting completion of care coordination steps
- ☐ Coordinating with the PCP for the 602A form, medication list, and medical information
- ☐ Coordinating with specialists, behavioral health providers, IHSS, caregivers, and other involved supports
- ☐ Following up on referrals or facility inquiries
- ☐ Identifying and documenting barriers
- ☐ Supporting warm handoff activities
- ☐ Helping ensure continuity of care during the transition
- ☐ Documenting the member's preferences, needs, and transition plan

ECM Does Not

- ✗ **Determine** RCFE acceptance
- ✗ **Guarantee** RCFE placement
- ✗ **Authorize** RCFE admission
- ✗ **Arrange** private payment
- ✗ **Pay** for room and board
- ✗ **Pay** for private-pay residential costs
- ✗ **Replace** the role of the facility, family, representative, or responsible party in completing admission and payment arrangements

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Assisted Living Waiver (ALW) Overview

ALW is a Medi-Cal waiver program administered through DHCS, intended for eligible individuals who require a nursing facility level of care but are able and willing to live safely in an assisted living setting as an alternative to nursing facility placement. ALW is not the same as standard RCFE placement.

ALW Availability in Alliance Counties

At this time, ALW is not available in Alliance counties, which include:

- Merced
- Monterey
- Santa Cruz
- Mariposa
- San Benito

Because ALW is not available in Alliance counties, local RCFE placement would generally require private pay, member income, family payment, or another funding source.

California Counties Where ALW Is Available (per DHCS)

- Alameda
- Contra Costa
- Fresno
- Kern
- Los Angeles
- Orange
- Riverside
- Sacramento
- San Bernardino
- San Diego
- San Francisco
- San Joaquin
- San Mateo
- Santa Clara
- Sonoma

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General ALW Eligibility Checklist

- ☐ The individual must be eligible for Medi-Cal.
- ☐ The individual must not have a Medi-Cal share of cost.
- ☐ The individual must require a nursing facility level of care.
- ☐ The individual must be willing and able to live safely in an assisted living setting.
- ☐ The assisted living setting must be located in an approved ALW county.
- ☐ The facility must be a participating ALW facility.
- ☐ The individual must work with an approved ALW Care Coordination Agency.
- ☐ Availability may be limited by county, facility participation, facility capacity, and waitlist status.

ALW Payment Clarification

Under ALW, Medi-Cal reimburses for covered ALW services. However, the resident remains responsible for room and board. ALW does not eliminate the need to address income, room and board, or the member's ability to pay required residential costs.

ALW Enrollment Process

ALW enrollment is not completed directly through ECM. The member or representative must work with an approved ALW Care Coordination Agency, which is responsible for the ALW assessment process, care coordination requirements, and coordination with DHCS and participating facilities. ECM may assist with education, linkage, and follow-up when appropriate, but ECM does not determine ALW eligibility or enroll the member into ALW.

Documentation Checklist: When ALW Is Discussed

- ☐ Member or representative regarding ALW
- ☐ That ALW is not available in Alliance counties
- ☐ Whether the member is interested in relocating to an ALW-approved county
- ☐ Any ALW Care Coordination Agency contacted, if applicable
- ☐ Referral date and follow-up attempts, if applicable
- ☐ Facility options discussed or contacted

Barriers Identified (check all that apply)

- ☐ No local ALW availability

- ☐ Waitlist
- ☐ No facility availability
- ☐ Share of cost
- ☐ Income limitations
- ☐ Missing documentation
- ☐ Member choice
- ☐ Representative choice
- ☐ Lack of willingness to relocate

☐ Alternative resources explored

☐ Warm handoff activities

☐ Ongoing coordination with the PCP, support person, and current care team

Recuperative Care (Community Supports)

Recuperative Care, also called medical respite care, is a Community Supports (CS) benefit under CalAIM. It provides short-term residential care for members who no longer require hospitalization but still need to heal from an injury or illness — including behavioral health conditions — and whose recovery would be at risk in an unstable living environment. It is often the realistic next step when a member wants RCFE but has no funding source, and ALW is not available in Alliance counties.

Who May Qualify

A member may qualify if they are experiencing homelessness or housing instability, and one or more of the following applies:

☐ Recently discharged from the hospital after surgery or treatment and needs time to heal in a clean, safe environment

☐ Has an open wound needing daily dressing changes and cannot manage care due to their living situation

☐ Needs ongoing IV medications or injections but lacks access to refrigeration, clean water, or medical supplies at home

☐ Recovering from severe pneumonia or respiratory illness and needs a temperature-controlled space and monitoring

☐ Was treated for a mental health crisis and needs stabilization in a structured setting before returning home

☐ Needs help reconnecting with a PCP, behavioral health, or social support services

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before finding housing

- ☐ Needs support regaining strength and the ability to perform ADLs, such as bathing, walking, or eating independently

What the Service Includes

- ☐ Interim housing with bed and meals
- ☐ Ongoing monitoring of the member's medical or behavioral health condition (vital signs, assessments, wound care, medication monitoring)
- ☐ Limited or short-term assistance with ADLs/IADLs, based on individual need
- ☐ Coordination of transportation to post-discharge appointments
- ☐ Connection to ongoing mental health or substance use disorder services
- ☐ Support accessing benefits and housing
- ☐ Case management relationships to support stability

Duration and Program Limits

Recuperative Care may not exceed the six-month (182-day) global room and board cap shared between Recuperative Care, Short-Term Post-Hospitalization Housing, and Transitional Rent, per rolling 12-month period.

How Recuperative Care Interacts with ECM

Recuperative Care does not replace or duplicate ECM services. When a member is enrolled in ECM, Recuperative Care should be coordinated with the ECM Lead Care Manager rather than delivered in isolation, and other available housing Community Supports should be offered onsite at the recuperative care facility whenever possible.

ECM's Role When Recuperative Care Is Being Considered

- ☐ Identifying members who may meet Recuperative Care criteria
- ☐ Referring to CCAH's contracted Recuperative Care / Community Supports provider
- ☐ Coordinating with the Recuperative Care provider on the member's ongoing medical, behavioral health, and social needs
- ☐ Continuing ECM care management activities during the Recuperative Care stay
- ☐ Supporting transition and discharge planning as the member exits Recuperative Care
- ☐ Documenting the referral date, authorization status, and outcome

Recuperative Care is a Community Supports benefit, not an ECM service — it is authorized by CCAH when the member is eligible, the service is available, and it is clinically appropriate. Qualifying

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scenarios above reflect CCAH's member-facing guidance; full-service definitions, limitations, and provider requirements are in the DHCS Community Supports Policy Guide, Volume 2.

Before Escalating RCFE or ALW Questions to CCAH

Review and document the following before escalating:

- ☐ Whether the member wants to pursue RCFE placement
- ☐ Whether the member has a representative, family member, or support person assisting with placement decisions
- ☐ Whether the member has income or another funding source for RCFE room and board or private-pay residential costs
- ☐ Whether the selected facility has confirmed room availability
- ☐ Whether the facility is requesting medical documentation, payment assistance, or placement authorization
- ☐ Whether the PCP has been contacted for completion of the 602A form, medication list, TB clearance, or other required medical information
- ☐ Which facilities were contacted
- ☐ What barriers were identified
- ☐ What alternatives were explored
- ☐ What follow-up actions are pending

Alternatives When RCFE or ALW Is Not Feasible

If RCFE placement or ALW is not available, appropriate, or feasible, document alternative resources explored:

- ☐ IHSS
- ☐ Caregiver or family support
- ☐ Home Health, when medically appropriate
- ☐ DME, when medically necessary
- ☐ PCP follow-up
- ☐ Specialist follow-up
- ☐ Behavioral health linkage
- ☐ Medication review or pharmacy coordination

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- ☐ Community Supports, when eligible, available, and authorized
- ☐ Housing resources
- ☐ APS referral when there are safety concerns
- ☐ Long-term care placement when nursing facility level of care is needed

Provider Reminders

ECM providers should ensure the record reflects active, member-centered transition support. Documentation should show the provider assessed the members' needs, provided education, coordinated with involved parties, followed up on referrals, identified barriers, and supported appropriate next steps.

When RCFE placement or ALW is not available, appropriate, or feasible, document alternative resources explored and the plan for continued support, transition, graduation, step-down, or warm handoff as applicable.

Reference Links

1. DHCS Assisted Living Waiver
2. DHCS Participating Care Coordination Agencies, ALW Program
3. DHCS ALW Participating Facilities, RCFE and ARF
4. DHCS Care Coordination Agencies Provider Enrollment
5. DHCS ALW Program Description and Eligibility (PDF)
6. DHCS ALW Provider Enrollment
7. CDSS LIC 602A, Medical Assessment for RCFE (PDF)
8. California Department of Aging, Assisted Living Facilities
9. DHCS ALW Provider Resources

Visual Workflow

The diagram below summarizes the end-to-end process at a glance.

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ECM Workflow: RCFE Transition & ALW Inquiry

Visual overview — refer to full checklist above for documentation detail