

GetALW

FOR LICENSED SIX-BED RCFE & ARF OWNERS

# The ALW Shortcuts That Pay for Themselves

A plain-English guide to getting your facility approved for California's Assisted Living Waiver, and avoiding the mistakes that cost owners months.

# Why the Assisted Living Waiver is worth your time

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The Assisted Living Waiver (ALW) lets California pay residential care facilities to care for Medi-Cal residents. There's a long statewide waiting list of people who need placement, and Care Coordination Agencies can only send them to approved facilities. For a six-bed home, getting approved opens up a steady, Medi-Cal-funded stream of residents you're already set up to serve.

The catch is the application. It's long, it comes in two parts, and small mistakes send it to the back of the line. This guide walks you through the shortcuts that save the most time.

## The big picture: it's two applications, not one

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Approval takes two separate pieces, and they have to line up with each other:

- **Part 1, the ALW provider application.** The provider forms, attestations, and supporting documents that enroll your facility in the waiver program.
- **Part 2, Medi-Cal provider enrollment.** Signing up as a Medi-Cal provider so you can actually get paid.

Most delays come from submitting one part before the other is ready, or from details that don't match between them. Treat both applications as one package and keep them consistent.

## 7 shortcuts that pay for themselves

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### 1. Confirm your county before anything else

ALW runs in 15 counties: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, and Sonoma. If your facility isn't in one of them, the application can't move forward, so check this first.

### 2. Get your documents together up front

Pull everything before you fill out a single form: your current RCFE/ARF license, facility information, lease or property documents, and your provider details. Hunting for paperwork in the middle of the application is the number one reason applications stall.

**Shortcut:** Put every document in one folder, scanned and clearly named. You'll use the same items across both parts.

### 3. Keep your licensing spotless

An open licensing violation or a lapsed license will hold up your enrollment. Clear anything outstanding with Community Care Licensing before you apply.

### 4. Make the two parts match exactly

Facility name, address, license number, and ownership details have to be identical on the ALW application and your Medi-Cal enrollment. A mismatch as small as a suite number can get you rejected.

### 5. Don't skip the attestations and signatures

The packet is full of attestations and signature pages that are easy to miss. One missing signature counts as an incomplete application, and incomplete applications go to the bottom of the pile.

## 6. Plan for the timeline

Putting together a complete, correct package usually takes a couple of weeks, and the state's review takes longer on top of that. There's also a state application fee to budget for. Start earlier than you think you need to. And honestly, handing the whole thing to a service like GetALW can save you months of back-and-forth corrections.

**Shortcut:** Getting it complete and correct on the first submission is the single biggest time-saver. One round of corrections can add a month or more.

## 7. Line up referrals for the day you're approved

Once you're approved, residents come to you through Care Coordination Agencies in your area. Find out who they are before you're approved so your beds aren't sitting empty while you wait for the phone to ring.

# Money-saving (and money-making) moves most owners miss

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## 8. See if you qualify for the surety bond exemption

An RCFE only needs a surety bond if it handles residents' cash or valuables. If yours doesn't, you can file for the exemption instead of buying a bond and skip the premium entirely. Confirm your situation, then file.

## 9. Check the workers' comp exemption for family-run homes

California exempts some owner-operated and family-run facilities from carrying workers' compensation when there are no outside employees. If it's just you and family running the home, you may not need a policy at all, so don't buy coverage you don't have to. Check your eligibility first.

**Shortcut:** Between the bond and the workers'-comp exemptions, family-run six-bed homes often skip up to a year of recurring premiums that most owners assume are required.

## 10. Time your insurance purchases around approval

Don't buy bonds or policies the day you start the application. Premiums run the whole time your application sits in review, which is often months. Where the program allows it, set your coverage to take effect around your initial review and approval instead of before, so you're not paying for all that waiting.

## 11. Bill for habilitation hours once you're approved

This is the one almost no provider ever uses, or even knows exists, and it's the one that pays the most. On top of the daily ALW rate you earn for each resident (right now \$95.69 to \$270.80 per resident per day depending on care level, which works out to roughly \$2,900 to \$8,200 per resident per month), DHCS will also pay you for extra caregiver staff time through a service called Residential Habilitation. It pays \$6.75 per 15 minutes, or \$27 an hour, and it's available for residents in every tier.

Habilitation is approved per resident by a DHCS Nurse Evaluator based on documented need, so the higher a resident's needs, the more paid staff hours you can request. A resident approved for a few extra caregiver hours a day can bring in roughly \$3,000 to \$6,000 a month in habilitation billing alone, and for the highest-need residents it goes higher. Add that to the tier payment and single higher-need residents routinely reach \$8,000 to \$12,000 or more per month, per resident.

**Shortcut:** Document each resident's care needs carefully and request habilitation hours at assessment. Most owners don't even know this exists, and they leave real money on the table every single month.

## You're likely already eligible

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If you ran the quick check, you already know your facility fits: a current license, an ALW county, Medi-Cal ready, and not enrolled yet. Nothing is standing in your way. The only thing between you and approved-provider status is the application itself, and that's the part we make easy.

### Want it done for you?

GetALW puts together your entire ALW application, both parts, and hands you a finished package that's ready to submit, usually in about 2 to 3 weeks. You send us a handful of documents and we handle the rest.

**Book a free consultation: [calendly.com/angelcitysenior-info/30min](https://calendly.com/angelcitysenior-info/30min)**

Call or text **(213) 640-9995**

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