

Assisted Living Facilities (ALF) Quick Reference Guide

Department	Phone Number	Fax Number	Hours of Operation
Provider Services	855-322-4076	562-499-0719	Monday to Friday from 8:30 AM to 5:30 PM
Member Services	866-472-4585	866-422-6445	Monday to Friday from 8 AM to 7 PM
Case Management	855-322-4076		Monday to Friday from 8 AM to 5 PM
Pharmacy Services	855-322-4076 ext.752211	866-236-8531	Monday to Friday from 8 AM to 5 PM
Nurse Advice Line	888-275-8750 English 866-648-3537 Spanish TTY: 866-735-2929 or 711 (English) 866-833-4703 Spanish		(24) Hours a day, (7) days a week

Member Eligibility:

Providers who contract with Molina may verify a member's eligibility checking the following:

- Availity Essentials Portal at: www.availity.com/molinahealthcare
- Molina Provider Services automated IVR systems at (855) 322.4076

Prior Authorizations Requests:

- Prior Authorizations is required for certain services. For a list of services that require an authorization, please refer to: [Prior Authorization Guide](#)
- For standard requests please allow: Determination within 7 calendar days of receipt of request
- For urgent requests please allow: Determination within 48 hours
 - Urgent cases fax number: 866.440.9791

To request and authorization for additional services:

- Member's Case Manager: (855) 322-4076
- Submit a Prior Authorization Request Form via fax at: (877) 902-6825

Assisted Living Facility Billable Codes

An Assisted living facility (ALF) is designed to provide personal care services in the least restrictive and most home-like environment. ALF services include personal care services, homemaker, chore, attendant care, companion care, medication oversight, and periodic nursing evaluations

Assisted Living Facility Billing Codes:

The Following codes are included below to assist you in billing for ALF services provided. Please refer to your contract with Molina Health Care in order to determine your contracted and covered codes.

Billing Codes:

Procedure Code	Description	Date Span Example	# Of Units
T2030	Assisted Living Services/Month	3/1/23 – 3/1/23	1
T2031	Assisted Living Services/Per Day	3/15-23 – 3/31/23	17
T2033	Bed Hold Days	3/15/23 – 3/28/23	14

Claims Submission

Providers must submit claims, whether paper or electronic, within 6 months from date of services. Claims may be submitted:

- Electronically, via Availity
 - Not registered with Availity?
 - Registering your organization is easy and free. Your organization’s administrator should register on <https://availity.com/molinahealthcare>.
- Electronical Funds (EFT): Echo Health:
 - <https://www.echohealthinc.com/>
 - Payer ID:51062
 - (800) 946-7758
- On paper, using a CMS 1500 form to:
 - Molina Healthcare
 - PO Box 22812
 - Long Beach, CA 90801



Statewide Provider Service Managers:

Clara Diaz, Provider Service Manager

clara.diaz@molinahealthcare.com

Cell Phone: 561-497-2203

Eduardo Garcia, Provider Service Manager

Eduardo.Garcia@MolinaHealthCare.com

Cell Phone: 786-509-1316

Provider Resources:

Agency for Health Care Administration – Assisted Living Facility

[AHCA: Assisted Living Facility \(myflorida.com\)](https://myfloridaregistry.com/assisted-living-facility)

ALF Administration Training Requirement

[INTEROFFICE MEMORANDUM \(myflorida.com\)](https://myfloridaregistry.com/alf-administration-training-requirement)

Agency for Health Care Administration – Office of Risk Management and Patient Safety

[AHCA: Florida Center: Risk Management & Patient Safety \(myflorida.com\)](https://myfloridaregistry.com/risk-management-and-patient-safety)

Homes licensed in the state of Florida

<http://www.floridahealthfinder.gov/>

Medicaid Provider General Handbook

https://ahca.myflorida.com/medicaid/review/General/59G_5020_Provider_General_REQUIREMENTS.pdf

Statewide Medicaid Managed Care Long-Term Care Program Coverage Policy

https://ahca.myflorida.com/medicaid/review/Specific/59G-4.192_LTC_Program_Policy.pdf

Medicaid Provider Handbook, Coverage Policies, and Fee Schedules

<https://ahca.myflorida.com/medicaid/review/Promulgated.shtml>

MMA/LTC/SPECIALTY Provider Manual:

<http://www.molinahealthcare.com/providers/fl/PDF/Medicaid/provider-handbook-ltc.pdf>

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Molina Healthcare Provider Service Management Team Mailbox:

mflproviderservicesmanagement@molinahealthcare.com