

California Department of Health Care Services  
Nursing Facility/Acute Hospital Waiver (NF/AH) Renewal Application  
Public Comment Template

Reviewer Name and Email or Mailing Address (Optional):

Please describe your organization or relationship to the NF/AH Waiver:

General Comments:

California Department of Health Care Services  
Nursing Facility/Acute Hospital Waiver (NF/AH) Renewal Application  
Public Comment Template

Below you will find the Public Comment Template organized by NF/AH Renewal Application section. There is space for inputting comments or proposed revisions relating to each section of the Waiver Renewal Application. You may choose to comment or propose new language to any section. For the “Proposed Changes” sections, we have included separate comment spaces for commenters to address issues specific to the State, Provider, and Participant. We ask that when providing proposed revisions please include original text, use **Bold/Underlined** font for added language, and ~~Strikethrough~~ for removed language. Thank you for your participation and assistance.

**What is Staying the Same**

Comments

Proposed Revisions (provide specific language) (optional)

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**Proposed Changes - Overview**

Comments Regarding State

Comments Regarding Provider

Comments Regarding Participant

Proposed Revisions (provide specific language) (optional)

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**Proposed Changes – A. Care Management**

Comments Regarding State

Comments Regarding Provider

Comments Regarding Participant

Proposed Revisions (provide specific language) (optional)

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**Proposed Changes – B. Waiver Capacity**

Comments Regarding State

Comments Regarding Provider

Comments Regarding Participant

Proposed Revisions (provide specific language) (optional)

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**Proposed Changes – C. Individual Cost Limit**

Comments Regarding State

Comments Regarding Provider

Comments Regarding Participant

Proposed Revisions (provide specific language) (optional)

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**Proposed Changes – D. Participant Rights**

Comments Regarding State

Comments Regarding Provider

Comments Regarding Participant

Proposed Revisions (provide specific language) (optional)

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**Proposed Changes – E. In-Home Operations (IHO) Waiver Integration**

Comments Regarding State

Comments Regarding Provider

Comments Regarding Participant

Proposed Revisions (provide specific language) (optional)

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**Proposed Changes – F. Home and Community-Based Settings**

Comments Regarding State

Comments Regarding Provider

Comments Regarding Participant

Proposed Revisions (provide specific language) (optional)