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Term	Definition
Activities of Daily Living (ADL)	Basic self-care tasks, akin to the kinds of skills that people usually learn in early childhood, as defined in Welfare & Institutions Code section 14522.3. (a) "Activities of daily living" (ADL) means activities performed by the participant for essential living purposes, including bathing, dressing, self-feeding, toileting, ambulation, and transferring.
Acute Care	A level of health care in which a patient is treated for a brief but severe episode of illness, for conditions that are the result of disease or trauma, and during recovery from surgery. Acute care is generally provided in a hospital by a variety of clinical personnel using technical equipment, pharmaceuticals, and medical supplies.
Acute Hospital Level of Care	Participants to be served under this waiver at the acute LOC must be currently receiving medically necessary acute LOC services and in lieu of remaining in, or being admitted to the acute hospital setting, are choosing to remain at home or transition home and continue to receive medically necessary acute LOC services as a participant enrolled in the waiver.
Administrative Authority	The Medicaid Agency, which in California is the Department of Health Care Services, retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.
Adult Day Program (ADP)	Health & Safety Code section 1502(a)(2), "Adult day program" means any community-based facility or program that provides care to persons 18 years of age or older in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of these individuals on less than a 24-hour basis. See also, Title 22, Cal. Code of Regs., Sect. 82000 et. seq.
Adult Residential Facility (ARF)	Title 22, Cal. Code of Regs., sec.80001(a)(5), "Adult Residential Facility" means any facility of any capacity that provides 24-hour-a-day nonmedical care and supervision to the following: (A) persons 18 years of age through 59 years of age; and (B) persons 60 years of age and older only in accordance with Section 85068.4. See also, Title 22, Cal. Code of Regs., sec. 80000, et. seq.

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Term	Definition
Aid Paid Pending	If a request for a State Fair Hearing is submitted to the Department of Social Services Hearings Division prior to the expiration date printed at the top of the Notice of Action, or within ten (10) calendar days of the date of the notice, the participant's waiver enrollment and/or previously authorized services will continue without interruption. HCB Alternatives Waiver, Appendix F: Participant Rights Appendix F-1: Opportunity to Request a Fair Hearing
Appeal	A Participant may challenge or dispute an action which will be taken by the Department or the Contractor, as set forth in the HCB Alternatives Waiver: • Appendix F: Participant Rights Appendix F-1: Opportunity to Request a Fair Hearing • Appendix F: Participant-Rights Appendix F-2: Additional Dispute Resolution Process • Appendix F: Participant-Rights Appendix F-3: State Grievance/Complaint System
California Community Transitions (CCT)	Federal grant funding that implements a Money Follows the Person (MFP) rebalancing demonstration program (known as CCT in California). Allows adults who have been living in a skilled-nursing facility for longer than 90 days and are covered by Medi-Cal to transition back to their home or to community living. For more information see: http://www.dhcs.ca.gov/services/ltc/Pages/CCT.aspx
California's Statewide Transition Plan (STP)	The STP describes how the State will come into compliance with new Federal Home and Community-Based (HCB) Settings Final Rule that became effective March 17, 2014. These regulations are CMS 2249-F and CMS 2296-F, which affect 1915(c) Home and Community-Based Services (HCBS) waivers and State Plan programs. The STP is also part of the HCB Alternatives Waiver. For additional information see: http://www.dhcs.ca.gov/services/ltc/Pages/HCBSStatewideTransitionPlan.aspx
Care Management Team (CMT)	As used in the waiver, a CMT is comprised of a Registered Nurse and a Social Worker with at least a Master's degree, who are either directly employed or contracted by the Waiver Agency. The CMT works with the Participant, legal representative/legally responsible adult, and/or circle of support to identify and coordinate State Plan and waiver services, and other

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	resources necessary to enable the participant to transition to the community and/or remain in his/her own home.
Case Management	Case Management services are designed to assess the participant and determine their need for medical, psychosocial, social and other services and to assist them in gaining access to those needed services, regardless of the funding source, to ensure the participant's health and safety and support of his/her home and community-based program. HCB Alternatives Case Management providers also assist in acquiring personal care providers as described in the participant's plan of care. For more information regarding case management under the HCB Alternatives Waiver, please refer to HCB Alternatives Waiver, Appendix C: Participant Services C-1/C-3: Service Specification, Case Management
Case Management Information Payrolling System (CMIPSII)	The payroll system administered by the California Department of Social Services (CDSS) for processing claims and issuing payments for In-Home Supportive Services and Waiver Personal Care Services. DHCS accesses CMIPS II data each quarter to obtain evidence claims submitted by Waiver Agencies are billed appropriately for the HCBS Waiver provider delivering HCB Alternatives Waiver services.
Centers for Medicare and Medicaid Services (CMS)	The federal agency under the United States Department of Health and Human Services responsible for administering the Medicare and Medicaid programs. The HCB Alternatives Waiver is an agreement between CMS and the State of California that authorizes the State to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization.
Comprehensive Care Management	A collaborative and interdisciplinary approach to providing intensive and comprehensive care management services to individuals enrolled in the HCB Alternatives Waiver by responding to a participant's multiple and changing needs, and playing a pivotal role in coordinating required services from across multiple delivery systems. Comprehensive Care Management is only provided to HCB Alternatives participants by a qualified Care Management Team (CMT) comprised of a Registered Nurse and Master of Social Worker, who are either directly employed or contracted by the Waiver Agency. For more information, see the Home and Community Based Alternatives Waiver, Appendix C: Participant Services C-1/C-3: Service Specification: Comprehensive Care Management

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Term	Definition
Congregate Living Health Facility (CLHF)	California Health & Safety Code section 1250(i) "Congregate living health facility" means a residential home with a specified capacity of residents that provides inpatient care, including the following basic services: medical supervision, 24-hour skilled nursing and supportive care, pharmacy, dietary, social, recreational, and at least one type of service specified in HSC section 1250(j)(2). The primary need of congregate living health facility residents shall be for availability of skilled nursing care on a recurring, intermittent, extended, or continuous basis. This care is generally less intense than that provided in general acute care hospitals but more intense than that provided in skilled nursing facilities. A congregate living health facility shall have a non-institutional, homelike environment. See also, Health & Safety Code section 1265.7
Continuous Nursing and Supportive Services (CNSS)	An HCB Alternatives Waiver benefit, Continuous Nursing and Supportive Services (CNSS) are provided to waiver participants residing in a Congregate Living Health Facility (CLHF) and must be available to waiver participants 24 hours a day, 7 days a week. CNSS are a collection of services included in a per diem rate based on the waiver participant's level of care. CNSS will include nursing services provided by an RN, LVN, and a Certified Nurse Assistant (CNA) or persons with similar training and experience. There must be a minimum of a CNA (or unlicensed equivalent provider) and an LVN, awake, alert, and on duty at all times to provide care for the residents of the CLHF. At no time, can two CNAs or persons with similar training and experience be solely responsible for waiver participants, as there must always be an RN or LVN present and "on duty."
Corrective Action Plan (CAP)	A step by step plan of action that is developed to achieve targeted outcomes for resolution of identified errors in an effort to: (1) Identify the most cost-effective actions that can be implemented to correct error causes; (2) Develop and implement a plan of action to improve processes or methods so that outcomes are more effective and efficient; (3) Achieve measureable improvement in the highest priority areas; (4) Eliminate repeated deficient practices.

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Department of Health Care Services (DHCS)	The state department in California responsible for administration of the federal Medicaid Program (referred to as Medi-Cal in California). DHCS is generally referred to as "the state" in this document.
Developmental Disability	Welfare & Institutions Code § 4512(a), "Developmental disability" means a disability that originates before an individual attains 18 years of age; continues, or can be expected to continue, indefinitely; and constitutes a substantial disability for that individual. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include intellectual disability, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability, but shall not include other handicapping conditions that are solely physical in nature.
Dual Eligibility (or Dual Eligible - Full Benefit)	An individual who is eligible for both Medicare and for full Medicaid coverage, including the payment of the person's Medicare premium, deductibles, and coinsurance.
Durable Medical Equipment (DME)	Durable medical equipment means equipment prescribed by a licensed practitioner to meet medical equipment needs of the patient that: (a) Can withstand repeated use. (b) Is used to serve a medical purpose. (c) Is not useful to an individual in the absence of an illness, injury, functional impairment, or congenital anomaly. (d) Is appropriate for use in or out of the patient's home.
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	Early and Periodic Screening, Diagnosis, & Treatment (EPSDT) is a Medi-Cal benefit for individuals under the age of 21 who have full-scope Medi-Cal eligibility. This benefit allows for periodic screenings to determine health care needs. Based upon the identified health care need and diagnosis, treatment services are provided. EPSDT services include all services that could be covered by Medi-Cal.
Environmental Accessibility Adaptations	HCB Alternatives Waiver, Appendix C: Participant Services C-1/C-3: Service Specification: Environmental Accessibility Adaptations Physical adaptations to the home, identified in the participant's POT, that are necessary to ensure the health, welfare and safety of the participant, or which enable the participant to function with greater independence in the home, and

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	without which, the participant would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the safety and welfare of the participant. All services shall be provided in accordance with applicable State or local building codes. For further information, see the HCB Alternatives Waiver.
Fair Hearing	The State provides the opportunity to request a Fair Hearing under 42 CFR §431 Subpart E, to individuals: (a) who are not given the choice of home and community-based waiver services as an alternative to institutional level of care specified for this waiver; (b) who are denied the service(s) of their choice or the provider(s) of their choice; or (c) whose services are denied, suspended, reduced or terminated. Appendix F of the HCB Alternatives Waiver specifies the State's procedures to provide individuals the opportunity to request a Fair Hearing, including providing notice of action as required in 42 CFR §431.210.
Fair Labor Standard Act (FLSA)	Establishes minimum wage, overtime pay, recordkeeping, and child labor standards affecting full-time and part-time workers in the private sector and in Federal, State, and local governments. For general information on FLSA, see https://www.dol.gov/whd/regs/compliance/hrg.htm. Specific information regarding the Department's implementation of FLSA with respect to IHSS and Waiver Personal Care Services can be found at http://www.dhcs.ca.gov/services/ltc/Pages/Personal-Care-Services-Overtime.aspx
Federal Financial Participation (FFP)	The technical term for federal Medicaid matching funds paid to states for allowable expenditures for Medicaid services or administrative costs. Except in certain circumstances, states receive FFP for service expenditures at different rates (FMAPs), depending on each state's per capita incomes. FFP for Medicaid administrative expenditures (see Administrative FFP) also varies in its rate, depending upon the type of administrative function as provided in §1903(a)(2) of the Act.

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Fiscal Intermediary (FI)	The Medi-Cal fiscal intermediary (FI) is a private company contracted by the State of California to process and pay Medicaid fee-for-service claims submitted by Medi-Cal providers for services rendered to Medi-Cal beneficiaries.
Freedom of Choice (FOC)	As provided in 42 CFR §441.302(d), when an individual is determined to be likely to require a level of care for this waiver, the individual or his or her legal representative is: i. Informed of any feasible alternatives under the waiver; and ii. Given the choice of either institutional or home and community-based services. The HCB Alternatives Waiver participant or conservator/legal guardian completes the HCB Alternatives Waiver Freedom of Choice (FOC) form, which is then it is maintained in the participant's file. For more information, see the HCB Alternatives Waiver, Appendix B: Participant Access and Eligibility, B-7: Freedom of Choice
Grievance	A formal, beneficiary complaint about the way that a service provider is furnishing a Medicaid service or about the conduct of a waiver administrative process. Contracts between DHCS and Waiver Agencies require Waiver Agencies to implement and maintain written grievance policies and procedures describing the submission, documentation, evaluation, and resolution of all participant grievances. For more information, see HCB Alternatives Waiver, Appendix F: Participant-Rights, Appendix F-2: Additional Dispute Resolution Process
Habilitation Services	An HCB Alternatives Waiver service, habilitation services are provided in a participant's home or an out-of-home non-facility setting designed to assist the participant in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in the person's natural environment and are often considered as peer mentoring when provided by an unlicensed caregiver with the necessary training and supervision. Habilitation services include training on: • The use of public transportation; • Personal skills development in conflict resolution; • Community participation; • Developing and maintaining interpersonal relationships;

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	• Personal habits; • Daily living skills (cooking, cleaning, shopping, money management); and, • Community resource awareness such as police, fire, or local services to support independence in the community. It also includes assistance with: • Locating, using and caring for canine and other animal companions specifically trained to provide assistance; • Selecting and moving into a home; • Locating and choosing suitable housemates; • Locating household furnishings; • Settling disputes with landlords; • Managing personal financial affairs; • Recruiting, screening, hiring, training, supervising, and dismissing personal attendants; • Dealing with and responding appropriately to governmental agencies and personnel; • Asserting civil and statutory rights through self-advocacy; and • Building and maintaining interpersonal relationships, including a circle of support.
Home and Community Based Services (HCBS)	Services and other supports that people with Medi-Cal can receive to help them stay in their home or community independently. HCBS include, but are not limited to, private duty nursing, personal care services, habilitation, in-home respite, and caregiver training.
Home Health Agency	A organization licensed as a Home Health Agency by the California Department of Public Health pursuant to Health & Safety Code sections 1725 and 1728.7, to provide skilled nursing services and other therapeutic services such as Home Health Aide services, to patients in their home.
Home Respite	An HCB Alternatives Waiver service, the Home Respite benefit is intermittent or regularly scheduled medical and/or non-medical care supervision provided to the participant in their own home to do the following: 1. Assist family members in maintaining the participant at home; 2. Provide appropriate care and supervision to protect the participant's safety in the absence of family members or caregivers;

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	3. Relieve family members from the constantly demanding responsibility of caring for a participant; and 4. Attend to the participant's medical and non-medical needs and other ADLs, which would ordinarily be performed by the service provider or family member. The Home Respite benefit, as authorized, is to temporarily replace non-medical care that was provided to the participant by his/her legal representative/legally responsible adult(s), and/or circle of support for a scheduled period of time as previously authorized or approved by the Waiver Agency or DHCS MC. When a participant does not have a Waiver Agency, the HCBS individual provider may provide Home Respite services following approval from the DHCS MC. Waiver participants whose complex medical care needs meet the acute hospital facility LOC, requiring frequent evaluation by a licensed provider(s) who is skilled in and knowledgeable in evaluating the participant's medical needs and administering technically complex care as ordered by the participant's current primary care physician are not eligible to receive Home Respite services provided by an unlicensed provider. This requirement is consistent with the California Business and Professions Code, section 2725 et seq.
In-Home Supportive Services (IHSS)	Pursuant to Article 7 of California Welfare and Institutions Code (commencing with Section 12300) of Chapter 3, and Sections 14132.95, 14132.952, and 14132.956.), California program that provides in-home care for people who cannot safely remain in their own homes without assistance. To qualify for IHSS, an enrollee must be aged, blind, or disabled and, in most cases, have income below the level to qualify for the Supplemental Security Income/State Supplementary Program. IHSS includes the Community First Choice Option (CFCO), Personal Care Services Program (PCSP), and IHSS-Plus Option (IPO). IHSS is not an HCB Alternatives Waiver Service. However, any direct care IHSS hours count towards the daily 24-hours of direct care limit per day.
Instrumental Activities of Daily Living (IADL)	Tasks that are required to allow an individual live independently in a community, as defined in Welfare & Institutions Code section 14522.3. (b) "Instrumental activities of daily living" (IADL) means functions or tasks of independent living, including hygiene, medication management,

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	transportation, money management, shopping, meal preparation, laundry, accessing resources, and housework.
Intermediate Care Facility (ICF) (NF-A)	ICF means "a health facility that provides inpatient care to ambulatory or non-ambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require availability of continuous skilled nursing care," pursuant to Section 1250(d) of the H&S Code.
Intermediate Care Facility – Developmentally Disabled/Nursing (ICF-DD/N)	An ICF-DD/N provides 24-hour personal care, developmental services, and nursing supervision for consumers who have intermittent recurring needs for skilled nursing care but have been certified by a physician and surgeon as not requiring continuous skilled nursing care. These consumers may have chronic, non-acute medical conditions that require more regular nursing and monitoring (tube feedings, suctioning, etc.) than an ICF-DD/H. This type of facility may have 15 or fewer beds and must provide a minimum of 1.5 hours per day direct service (RN) nursing staff for each resident, in addition to the consultant hours which are defined by consumer need.
ICF/MR, ICF/DD-CN	Pursuant to Health and Safety Code Section 1250(m), waiver-designated criteria. This population includes individuals who are medically fragile; developmentally disabled infants, children, and adults residing in developmental centers, subacute facilities, acute care facilities, ICF/DD-Ns and in their home who meet ICF/DD-CN criteria and choose to receive services in their home or in a community care setting: 1. Have Medi-Cal eligibility. 2. Be determined by a regional center to have a developmental disability as defined by W&I Code section 4512, and eligible for special treatment programs. 3. Be enrolled in a regional center. 4. Be free of clinically active communicable disease reportable under Title 17, CCR section 2500 if choosing to receive services in a community care facility.

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	5. Have an HCB Alternatives Waiver Freedom of Choice (FOC) form completed and on file. This form will be completed by the participant or conservator/legal guardian. 6. Meet the medical necessity criteria, as defined in the HCB Alternatives Waiver.
Level of Care (LOC)	The specification of the minimum amount of assistance that an individual must require in order to receive services in an institutional setting under the State plan, and 1915(c) Home and Community Based Waivers.
MedCompass	As used in the HCB Alternatives Waiver, MedCompass is a DHCS internal database where the Waiver Agencies imports all of their provider and subcontracted providers information for verification and tracking purposes.
Medicaid	The joint federal and state program to assist states in furnishing medical assistance to eligible needy persons. Federal law concerning the Medicaid program is located in Title XIX of the Act. Within broad national guidelines established by federal statutes, regulations, and policies, each state (1) establishes its own eligibility standards; (2) determines the type, amount, duration, and scope of services; (3) sets the rate of payment for services; and (4) administers its own program.
Medi-Cal	Medi-Cal is California's Medicaid program and is administered by the Department of Health Care Services (DHCS).
Medi-Cal Consultant	A Registered Nurse or Physician, who is licensed to practice in the State and is an employee of DHCS.
Medi-Cal Point of Service (POS) Device	The Medi-Cal-supplied Point of Service (POS) device is used to verify recipient eligibility, clear Share of Cost (SOC) liability and reserve Medi-Services.
Medically Necessary	Services or supplies that are proper and needed for the diagnosis or treatment of a medical condition, are provided for the diagnosis, direct care, and treatment of the condition, and meet the standards of good medical practice.

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Term	Definition
Menu of Health Services (MOHS)	A planning instrument used by the applicant and/or his/her legal representative/legally responsible adult, circle of support, and the CMT or HCB Alternatives Case Management provider to develop a home care program and ensures the applicant's health, safety, and welfare in the community. The MOHS summarizes all the waiver services and provider types available through the HCB Alternatives Waiver. The MOHS enables the applicant and/or his/her legal representative/legally responsible adult and/or his/her circle of support to select a combination of waiver and State Plan services best suited to meet his/her medically necessary care needs and ensure his/her health and safety in the community.
NF-A/B Level of Care	Participants to be served under this waiver at the NF-A/B LOC must be currently receiving medically necessary NFA/B LOC services and in lieu of remaining in, or being admitted to the NF-A/B setting, are choosing to remain at home or transition home and continue to receive medically necessary NF-A/B LOC services as a participant enrolled in the waiver.
NF/AH Waiver	The Nursing Facility/Acute Hospital Waiver was the 1915(c) Home and Community Based Services Waiver that was administered directly by DHCS and preceded the HCB Alternatives Waiver. The purpose of the NF/AH Waiver was to provide Medi-Cal beneficiaries with long-term medical conditions who meet one of the designated "levels of care" (i.e., nursing facility (including intermediate care facility), subacute, acute hospital) the option of returning to and/or remaining in their homes or home-like community settings in lieu of institutionalization. The NF/AH Waiver has been replaced by the Home and Community Based Alternatives Waiver.
Notice of Action (NOA)	A written notice of any action within the timeframes for each type of action as provided by 42 C.F.R. § 438.404 and 422.568. As set forth in Appendix F of the HCB Alternatives Waiver, "The NOA advises the participant of the Waiver Agency or DHCS' decision and the reason(s) to: 1) terminate or deny waiver enrollment; 2) reduce or terminate previously authorized waiver services; or 3) deny new or previously authorized waiver services. The NOA includes instructions advising the participant and/or his/her authorized representative(s) on how to request a State Fair Hearing before an Administrative Law Judge (ALJ). The participant must request a State Fair Hearing within 90 calendar days after the date the NOA is mailed to the participant."

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Term	Definition
Office of Administrative Hearings and Appeals (OAHA)	An independent hearing office created by the Department of Health Care Services to provide a fair and impartial appeal process for providers to challenge actions taken by the Department
Personal Emergency Response (PERS) Installation and Testing	An HCB Alternatives Waiver service, defined in Appendix C:C-1/C-3, as the installation and testing of a PERS for participants who are at high risk of institutionalization to secure help in the event of an emergency. Authorization is limited to participants who live alone, who are alone for significant parts of the day, have no regular caregiver for extended periods of time, and who would otherwise require routine supervision.
Person-Centered Service Plan	A participant's person-centered care plan includes the Intake Medical Summary (IMS), Case Management Report (CMR), Plan of Treatment (POT), Menu of Health Services (MOHS), and Informing Notice, which creates the Case Report or File. The person-centered service plan documents the member's choice of settings and services based on the needs and preferences of the member. The State will take into account the options provided and choice of the member or their parent or legal guardian when determining HCB settings compliance, thus keeping the end goal of optimizing autonomy, independence, and member choice in mind.
Person-Centered Planning	An assessment and service planning process is directed and led by the individual, with assistance as needed or desired from a representative or other persons of the individual's choosing. The process is designed to identify the strengths, capacities, preferences, needs, and desired outcomes of the individual. The process may include other persons, freely chosen by the individual, who are able to serve as important contributors to the process. The PCP process enables and assists the individual to identify and access a personalized mix of paid and non-paid services and supports that assist him/her to achieve personally defined outcomes in the community.
Protected Health Information (PHI)	The HIPAA Privacy Rule defines Protected Health Information as individually identifiable health information (that relates to the past, present, or future physical or mental health or condition, including payment for care) that is held or transmitted in any form or medium by a covered entity.

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Personally Identifiable Information (PII)	Any information about an individual maintained by an agency, including (1) any information that can be used to distinguish or trace an individual's identity, such as name, Social Security Number, date and place of birth, mother's maiden name, or biometric records; and (2) any other information that is linked or linkable to an individual, such as medical, educational, financial, and employment information.
Plan of Treatment (POT)	The CMT works with the participant, his/her legal representative/legally responsible adult and/or circle of support, and primary care physician in developing goals and identifying a course of action to respond to the assessed needs and individual circumstances and desires of the participant, and in the development of the participant's current primary care physician-signed Plan of Treatment (POT).
Private Duty Nursing (PDN)	A service provided under the HCB Alternatives Waiver, Private Duty Nursing (PDN) services are individual and provided by a licensed nurse (RN or LVN) or by a Certified Home Health Aide (CHHA) employed by a HHA, within the scope of state law. Private Duty Nursing is all skilled nursing interventions that are within the scope of the RN or LVN's licensure, ordered by the participant's primary care physician, documented on the POT and authorized by DHCS staff. Services are provided to a waiver participant in his/her home, home-like environment or an approved out-of-home setting. A HCBS RN provides supervision and monitoring of PDN or Shared PDN services if provided by an HCBS LVN.
Private Residence	As used in the HCB Alternatives Waiver: (1) The home that a waiver participant owns or rents in his or her own right or the home where a waiver participant resides with other family members or friends. A private residence is not a living arrangement that is owned or leased by a service provider; or, (2) The home of a caregiver who furnishes foster or respite care to a waiver participant.
Professional Corporation	As used in the HCB Alternatives Waiver: A Professional Corporation is a provider that: employs individuals who provide Case Management services approved under the HCB Alternatives Waiver; is enrolled as HCB Waiver Professional Corporation provider; and meets and

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	maintains the Standards of Practice (SOP) minimal qualifications for a Professional Corporation. The following are the licensed persons permitted to provide Case Management services to waiver participants under the terms of the HCB Alternatives Waiver: a. Licensed Psychologists (See Business and Professions Code section 2900, et seq.) operating a Professional Corporation pursuant to Corporations Code section 13400, et seq.; b. Licensed Clinical Social Workers (LCSW) (See Business and Professions Code section 4996, et seq.); operating a Professional Corporation pursuant to Corporations Code section 13400, et seq., c. Marriage and Family Therapists (MFT) (See Business and Professions Code section 4980, et seq.) operating as a Professional Corporation pursuant to Corporations Code section 13400, et seq. and, d. Registered Nurse (RN) (See Business and Professions Code section 2725, et seq.) operating as a Professional Corporation pursuant to Corporations Code section 13400, et seq.
Provider Qualifications	Standards established by the state that specify the education, training, skills, competencies and attributes that an individual or provider agency must possess in order to furnish services to waiver participants.
Public Authority	An entity established by a county board of supervisors, pursuant to Welfare & Institutions Code section 12306.1(a)(2), to provide for the delivery of in-home supportive services (IHSS). IHSS is not a service covered by the HCB Alternatives Waiver.
Public Comment	As used in the waiver application, processes that are undertaken to obtain the comments, suggestions and recommendations of parties affected by a waiver concerning its design and operation.
Quality Assurance	Quality Assurance is the specification of standards for quality of service and outcomes, and a process throughout the organization for assuring that care is maintained at acceptable levels in relation to those standards. QA is on-going, both anticipatory and retrospective in its efforts to identify how the organization is performing, including where and why provider performance is at risk or has failed to meet standards.

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Quality Assurance Reviews (QAR)	Under the HCB Alternatives Waiver, DHCS monitors Waiver Agencies' performance at least every 24 months through onsite Quality Assurance Reviews (QAR) to ensure the assigned waiver operational and administrative functions are performed in accordance with waiver requirements.
Quality Improvement	A critical operational feature that an organization employs to continually determine whether it operates in accordance with the approved design of its program, meets statutory and regulatory assurances and requirements, achieves desired outcomes, and identifies opportunities for improvement.
Quarterly Performance Reports	On a quarterly basis, Waiver Agencies must submit a Quarterly Performance Report to DHCS. The report includes data on enrollment levels, fiscal performance, critical incidents, grievances, and quality assurance activities.
Residential Care Facility for the Elderly	Non-medical facilities that provide a level of care to seniors that includes assistance with activities of daily living, and which is licensed by the Community Care Licensing (CCL) Division of the California Department of Social Services (CDSS).
Solicitation for Application (SFA)	The Solicitation for Application is to solicit applications for the administration, operation, and growth of the HCB Alternatives Waiver. The purpose of the SFA is to solicit applications from organizations that are able to build a robust provider network within a defined service area to expand participant enrollment in the Waiver, while improving the quality of comprehensive care management for all Waiver Participants.
Spousal Impoverishment	California law allows the community spouse, of a couple where the other spouse is institutionalized, to retain a certain amount of otherwise countable resources available to the couple at the time of the institutionalized spouse's application to enroll in Medi-Cal. This is called Community Spouse Resource Allowance (CSRA) and it increases every year according to the Consumer Price Index. The current (2017) CSRA is $120,900. [ACWDL 16-25 (12/22/16).
State Fair Hearing	If a Medi-Cal beneficiary has applied for, received, or are currently receiving benefits/services from Medi-Cal and the beneficiary has a complaint about how the benefits/services are/were handled, or the beneficiary's services have been denied, reduced, or modified, the beneficiary may request a state fair hearing. A "state fair hearing" is a quasi-judicial proceeding conducted by an

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	administrative law judge from the California Department of Social Services, during which each hearing party may present arguments and evidence, including witness(es), and cross examine witness(es) against them, with respect to a decision regarding the availability or delivery of services or benefits, made by or on behalf of, Medi-Cal. Once the administrative law judge issues a proposed decision, Medi-Cal will determine if that decision will be adopted by Medi-Cal, alternated, sent back for further hearing, or if other action should be taken.
State Plan	A comprehensive written statement submitted by Medi-Cal to the Center for Medicare and Medicaid Services describing the nature and the scope of the Medi-Cal program and giving assurance that it will be administered in conformity with the specific federal requirements. The State Plan serves as a basis for federal financial participation (FFP) in the program.
Subacute Level of Care	Participants to be served under this waiver at the subacute LOC must be currently receiving medically necessary subacute LOC services and in lieu of remaining in, or being admitted to the subacute setting, are choosing to remain at home or transition home and continue to receive medically necessary subacute LOC services as a participant enrolled in the waiver.
Transitional Case Management	An HCB Alternatives Waiver benefit, transitional case management supports participants in transitioning from an inpatient setting to a community setting and may include coordinating services such as housing, equipment, supplies or transportation that may be necessary to leave a health care facility.
Waiver Agencies	DHCS' primary model for the administration and operation of the HCB Alternatives waiver is through contracted Waiver Agencies. The Waiver Agencies are responsible for waiver administration functions and for the delivery of the Comprehensive Care Management waiver service through a Care Management Team (CMT).The Waiver Agency administration functions include participant enrollment, LOC evaluations, Plan of Treatment (POT) and person-centered care/service plan review and approval, waiver service authorization, utilization management, provider enrollment/network development, quality assurance activities, billing the DHCS Fiscal Intermediary (FI), and provider claims adjudication. DHCS assesses the performance of Waiver Agencies in conducting waiver operational and administrative functions.

SFA Glossary

Term	Definition
	Prior to being identified as Waiver Agencies, these organizations were identified as “Care Management Contractors,” in W&I Code § 14132.991.
Waiver Capacity	A term used to describe the maximum unduplicated number of individuals who may participate in a waiver during a year.
Waiver Personal Care Services (WPCS)	A HCB Alternatives Waiver service, WPCS is designed to assist the waiver participant in gaining independence in his/her activities of daily living and preventing social isolation. These services assist the waiver participant in remaining in his/her residence and continuing to be part of the community.
Waiver Year	The 12-month period that begins on the date the waiver takes effect and the 12-month period following each subsequent anniversary date of the waiver. The HCB Alternatives Waiver year begins on January 1st and ends on December 31st.