DEFINITIONS

1. Agreement: “Agreement” is used synonymously with “Contract.” A mutual understanding between the state and another entity, public or private, about their rights and duties regarding the provision of goods and/or services.

2. Ambulance Service: A ground, air or sea transport service for CDCR/CCHCS patients and/or DJJ youth to be transferred for health related treatment or transport.

3. Attending Physician: The physician who has primary responsibility for the health care and treatment of an individual patient and/or youth.

4. Authorized Administrator: A person who has been given full authority to grant prior authorization for the delivery of health care services rendered to CDCR/CCHCS patients and/or DJJ youth.

5. California Code of Regulations (CCR), Title 15: The regulations that authorize the Director of the California Department of Corrections and Rehabilitation to contract for the provision of CDCR/CCHCS patients and/or DJJ youth health care.

6. California Confidentiality of Medical Information Act (CMIA): The act that requires authorization from a patient/youth to disclose medical information and defines terms in reference to the release of medical information. The CMIA is fully defined in California Civil Code sections 56-56.37.

7. California Correctional Health Care Services (CCHCS): The entity responsible for health care treatment, performance, and decisions within CDCR/DJJ institutions/facilities for CDCR/CCHCS patients and/or DJJ youth.

8. California Department of Corrections and Rehabilitation (CDCR): Authorized by California Penal Code, Section 5000 et seq., and the California Code of Regulations, Title 15, to maintain the custody and care of California’s institutionalized public offenders.

9. California Division of Juvenile Justice (DJJ): Formerly known as California Youth Authority (CYA), is a division within the California Department of Corrections and Rehabilitation that provides a range of training and treatment services for DJJ youth.

10. Camp: A type of sub-facility of an institution which is normally located in a rural area and which has no secured (fenced or walled) perimeter.

11. CDCR/CCHCS Medical Standards of Care: InterQual® Care Planning Criteria, published by McKesson Health Solutions, LLC, except to the extent they conflict with the Health Care Department Operations Manual (HCDOM), and except to the extent the InterQual® criteria or the HCDOM conflicts with the California Code of Regulations, Title 15, Division 3, Chapter 1, Subchapter 4, Articles 8 and 9 and California Code of Regulations, Title 15, Division 3, Chapter 2. Requests for InterQual® criteria should be directed to um@cdcr.ca.gov and the HCDOM is available at the following link: https://cchcs.ca.gov/hcdom/.

12. CEO: Chief Executive Officer.

13. CME: Chief Medical Executive.

14. CMO: Chief Medical Officer.
15. **Community Health Facility**: Any facility, place, or building that is organized, maintained, and operated for the diagnosis, care, prevention, and treatment of human illness, physical or mental, including convalescence, rehabilitation, and care during and after pregnancy, or for any one or more of these purposes, for one or more persons, and to which the persons are admitted for a 24-hour stay or longer per California Health and Safety Code, Section 1250.

16. **Consultant**: A provider of services of an advisory nature, who provides a recommended course of action or personal expertise.

17. **Contract**: “Contract” is used synonymously with “Agreement.” A mutual understanding between the state and another entity, public or private, about their rights and duties regarding the provision of goods and/or services.

18. **Contractor**: “Contractor” is used synonymously with “vendor.” A party contracting with CDCR/CCHCS; the person or company providing services via a contractual arrangement.

19. **Correctional Treatment Center**: A healthcare facility with a specified number of beds within a state prison, county jail or DJJ facility designated to provide health care to that portion of the CDCR/CCHCS patients and/or DJJ youth population not requiring general acute care level of services, but who are in need of professionally supervised health care beyond that normally provided in the community on an outpatient basis (California Code of Regulations, Title 22, Section 79516).

20. **Credentialing**: The system of screening and evaluating qualifications and other credentials, including but not limited to, licensure, certification, required education, relevant training and experience, and current competence and health status. Health care professionals must have credentialing process approved by the credentialing and privileging support unit.

21. **Day**: Calendar day, unless otherwise specified.

22. **Direct Care Contracts Section**: The entity responsible for creating and maintaining contracts for direct care services in accordance with statewide contracting policies and procedures.

23. **Designee**: A person who has been appointed to perform a duty or carry out a specific role.

24. **Discharge Summary**: A brief recapitulation of significant findings and events of CDCR/CCHCS patients and/or DJJ youth hospitalization, condition on discharge, the recommendations and arrangements for future care (California Code of Regulations, Title 22, Section 70749).

25. **Division of Adult Institutions (DAI)**: The division responsible for the management and operation of adult institutions, conservation camps, and community correctional facilities.

26. **Emergency Care Services**: The immediate care or treatment necessary to prevent death, severe or permanent disability, or to alleviate severe pain, including medically necessary crisis intervention for CDCR/CCHCS patients and/or DJJ youth suffering from situational crisis or acute episodes of mental illness, in accordance with California Code of Regulations, Title 15.

27. **Ex-Offender**: A person previously convicted of a felony in California or any other state, or convicted of an offense in another state, which would have been a felony if committed in California.

28. **Experimental or Investigational Treatment**: Any experimental or investigational treatment, therapy, procedure, drug or drug usage, facility or facility usage, equipment or equipment usage, device or device usage, or supplies that are not recognized as being in accord with generally
accepted professional medical standards or as being safe and effective for use in the treatment of an illness, injury, or condition at issue. Services that require approval by the federal government or any agency thereof, or by any state governmental agency prior to use, and where such approval has not been granted at the time the services were rendered, shall be considered experimental or investigational. Services which are not approved or recognized as being in accord with accepted professional medical standards, but nevertheless are authorized by law or a governmental agency for use in testing, trials, or other studies on human patients, shall be considered experimental or investigational.

29. **Fiscal Year**: The accounting period from July 1 through June 30 of the following year.

30. **Government Claims Program**: The unit within the California Department of General Services, Office of Risk and Insurance Management whose function is to resolve all claims for money or damages filed against state agencies under California Government Code Section 900 et seq., before a lawsuit against a state agency can be pursued.

31. **Health Care Review Subcommittee**: The appointed CDCR officials authorized to review and approve health care services, which are excluded from the CDCR Medical Standards of Care Policy.

32. **Health Care Services**: The medical, mental health, dental, pharmaceutical, diagnostic and ancillary services to identify, diagnose, evaluate, and treat a medical, mental health, or dental condition.

33. **Health Care Service Provider**: A Medical Doctor, Doctor of Osteopathy, Doctor of Podiatric Medicine, Clinical Psychologist, Dentist, Clinical Social Worker, Nurse Practitioner, Physician Assistant or entity providing health care services to CDCR/CCHCS patients and/or DJJ youth.

34. **HIPAA**: Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191, 110 Stat. 1936); a United States Federal law that includes privacy standards to protect patients'/youth’s medical records and other health information provided to health plans, doctors, hospitals, and other health care providers.

35. **HITECH Act**: Subtitle D of the Health Information Technology for Economic and Clinical Health Act (HITECH Act), enacted as part of the American Recovery and Reinvestment Act of 2009, and addresses the privacy and security concerns associated with the electronic transmission of health information.

36. **Hospital**: An institution which is licensed under all applicable state and local laws and regulations to provide diagnostic and therapeutic services for the medical diagnosis, treatment, and care of injured, disabled, or sick persons in need of acute inpatient medical and psychiatric or psychological care.

37. **In Personam Jurisdiction**: Courts power over a particular defendant.

38. **Inmate**: CDCR incarcerated public offender.

39. **Institution**: A large facility or complex of sub-facilities with a secure (fenced or walled) perimeter headed by a Warden.

40. **Institution/Facility Contract Liaison**: A CDCR/CCHCS employee responsible for pre-arranging health care contracting services and responsible for managing at the institution/facility the contractual scope of service/performance issues to assure continuity of care.
41. **Matrix:** A document that indicates the ranking of contractors, which determines the order in which contracted services may be requested.

42. **May:** Permitted.

43. **Medically Necessary:** Health care services that are determined by the attending or primary medical, mental health, or dental care provider(s) to be needed to protect life, prevent significant illness or disability, or alleviate severe pain, and are supported by health outcome data or clinical evidence as being an effective health care service for the purpose intended or in the absence of available health outcome data is judged to be necessary and is supported by diagnostic information or specialty consultation (California Code of Regulations, Title 15, Section 3999.98).

44. **Non-Essential Services:** A non-emergency/scheduled admission for medical services when the CDCR/CCHCS patients and/or DJJ youth condition permits adequate time to schedule the necessary diagnostic workup and/or initiation of treatment, in accordance with California Code of Regulations, Title 15.

45. **Non-IT Services:** Performing a service void of any information technology aspect including, but not limited to, health care services, consultant services, janitorial services, and equipment maintenance.

46. **NPI:** National Provider Identifier.

47. **Off-Site in the Community:** A general medical location, not at CDCR institutions, DJJ facilities or CDCR satellite locations, where contracted services are provided (e.g., hospital, telemedicine, surgery center, office).

48. **On-Site at the Institution/Facility:** Contracted services performed at a CDCR institution, DJJ facility and/or a designated CDCR satellite location.

49. **Patient:** An inmate who is seeking or receiving health care services or who is assigned to a care team.

50. **Patient Data:** Any piece of information, administrative or medical, specific to an incarcerated public offender receiving medical or surgical treatment in a hospital, office, clinic, or hospital outpatient surgery center.

51. **Patient Day:** A day a CDCR/CCHCS patient and/or DJJ youth occupies an inpatient bed as of the midnight census. If both admission and discharge occur on the same day, the day is counted as one patient day.

52. **Penal Code Section 5054:** The section of law that grants the Secretary of CDCR the authority and responsibility for the custody and care of California’s institutionalized public offenders.

53. **Physician:** An authorized practitioner of medicine, as one graduated from a college of medicine or osteopathy and licensed by the appropriate board.

54. **PID:** Person Identification Number.

55. **Preferred Provider Network:** An organization responsible for maintaining and providing a network of medical providers to perform medical services for CDCR/CCHCS patients and/or DJJ youth.

56. **Prescription Drugs:** All drugs under state or federal law, require the written prescription of a
doctor, dentist, podiatrist or osteopath, or any medicinal substance which is required to bear the legend, “Caution: Federal law prohibits dispensing without a prescription,” under the Federal Food, Drug, and Cosmetic Act.

57. **Prescription Order**: The request by a physician for each separate drug or medication and each authorized refill of such request.

58. **Prior Authorization**: The required advance authorization granted by Chief Executive Officer/Chief Medical Executive/Chief Medical Officer/Chief Nursing Executive or her/his designee.

59. **Provider**: A person with whom a contractor enters into an arrangement, whether expressed or implied, for the purpose of performing any service described in the agreement between the contractor and CDCR/CCHCS. The term “Provider” may include, but is not limited to, a subcontractor, consultant, and employee of the respective registry.

60. **Rank Order**: The ranking of contractors on a matrix based on rates offered by the contractors. Rank one is the contractor offering the lowest rates.

61. **Receiver**: The person appointed by the United States District Court for the Northern District of California to assume the executive management of the California prison medical system with the authority to exercise all powers vested by law in the Secretary of CDCR.

62. **Secretary**: Secretary of CDCR.

63. **Shall**: Mandatory.

64. **Should**: Suggested or recommended.

65. **Skilled Nursing Care**: Skilled supervision and management of a complicated or extensive plan of care for a CDCR/CCHCS patient and/or DJJ youth initiated and monitored by a physician in which there is a significantly high probability that complications would arise without the skilled supervision or implementation of the treatment program by a licensed nurse or therapist.

66. **State**: The state of California.

67. **State Administrative Manual (SAM)**: The manual that provides the policies and procedures and the uniform guidance for governing the fiscal and business management affairs of the state of California.

68. **State Business Days**: Monday through Friday, not counting state holidays.

69. **Subcontractor**: Any person or entity that has entered into a contract, either expressed or implied, with a contractor for the purpose of performing any service under the contractor’s agreement with CDCR/CCHCS.

70. **Surgery Center**: An ambulatory outpatient medical treatment facility where medical surgery services are performed in the community.

71. **Telemedicine**: The use of health care information exchanged from one site to another via electronic communications for the health of the CDCR/CCHCS patients and/or DJJ youth and for the purpose of improving CDCR/CCHCS patients and/or DJJ youth care. Telemedicine includes consultative, diagnostic, and treatment services.
72. **Temporary/Relief Staff:** All of the contractor’s personnel, employees, independent contractors, and subcontractors providing on-site dental, mental health, and/or medical staffing at institutions/facilities.

73. **Total Patient Days:** The total inpatient days from the day of admission to, but not including, the day of discharge.

74. **Transfer Order:** The written document issued and signed by the CDCR/CCHCS patient and/or DJJ youth attending physician, which notes the medications, treatment, and diet orders for the CDCR institution/DJJ facility and provides instructions to the CDCR/CCHCS patients and/or DJJ youth in order to maintain continuity of care. A transfer order is prepared when a CDCR/CCHCS patient and/or DJJ youth is discharged from the hospital and is returning to a CDCR institution/DJJ facility.

75. **Transfer Summary:** The written document which precedes or accompanies CDCR/CCHCS patient’s and/or DJJ youth’s upon a CDCR/CCHCS patients and/or DJJ youth discharge from a hospital to a skilled nursing or intermediate care facility, Correctional Treatment Center, or to the distinct skilled nursing or intermediate care service unit of the hospital where continuing care will be provided. The transfer summary, signed by the attending physician, includes the following information relative to the CDCR/CCHCS patients and/or DJJ youth: diagnosis, hospital course, medications, treatments, dietary requirements, rehabilitation potential known allergies, and treatment plan.

76. **Urgent Care:** A non-emergency admission or occurrence where timely evaluation and treatment is required for medical/psychiatric attention and/or hospitalization, but there is no immediate threat of loss of life or limb.

77. **Utilization Management (UM):** A strategy designed to ensure that health care expenditures are restricted to those that are needed and appropriate by reviewing CDCR/CCHCS patient and/or DJJ youth medical records through the application of defined criteria and/or expert opinion. It assesses the efficiency of the health care process and the appropriateness of decision making related to the site of care, its frequency and its duration, through prospective, concurrent, and retrospective utilization reviews.

78. **Vendor:** “Vendor” is used synonymously with “contractor.” A party contracting with CDCR/CCHCS; the person or company providing services via a contractual arrangement.

79. **Warden:** A peace officer responsible for managing the overall operation of a state correctional institution for adult felons. The Warden is responsible for formulating and executing the inmate’s program for the care, treatment, training, discipline, custody, and employment of inmates.

80. **Youth:** Any youthful offenders detained in a DJJ facility.