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To: Medical Directors and IPA Network
From: IEHP – Provider Relations
Date: June 25, 2026
Subject: **REVISED – UM Authorization Guidelines**

IEHP’s Guideline Review Committee has approved the following authorization guideline updates/changes, **effective 7/1/2026:**

Guideline #	Guideline Title	LOB	Degree of Change	Updates/Changes
UM_CSS 15	Transitional Rent	Medi-Cal	Major New	Highlights: NEW criteria created for Transitional Rent Behavioral Health Population of Focus
UM_CSS 07	Environmental Accessibility Adaptions (Home Modifications)	Medi-Cal	Moderate Revised	Highlights: <ul style="list-style-type: none"> • Changed “examples of EAAs include” to “EAAs covered by IEHP include” • Covered Home Modifications will be limited to: Custom/Modular Ramps, Grab bars, Installation of Stairlift, Door widening, and Personal Emergency Response System (PERS/Life Alert) <ul style="list-style-type: none"> ○ Removed: Accessible bathroom and shower (these modifications exceed the \$7,500 cap benefit) ○ Removed: Installation of specialized electric and plumbing systems (no longer needed with changes made above.)
UM_CSS 09	Sobering Centers	Medi-Cal	Minor Revised	Highlights: <ul style="list-style-type: none"> • No major changes; only minor reformatting • Changed wording “those who are homeless” to “those who are experiencing homelessness” per DHCS Policy Guide. • Separated Member Eligibility requirements from description of Sobering Center and expectations – moving down to bottom.

Guideline #	Guideline Title	LOB	Degree of Change	Updates/Changes
UM_CSS 08	Medically Tailored Meals/Medically Supportive Food	Medi-Cal	Moderate Revised	<p>Highlight:</p> <ul style="list-style-type: none"> • Included requirement of all initial assessments and nutritional counseling for MTM, MTG, and MSF to be performed by a contracted independent Registered Dietitian. • Included examples and additional limitations/exclusions for Medically Supportive Food (MSF) • Updated Member Eligibility for MTM/MTG/MSF: Member has 2 or more DHCS qualifying conditions or any one of the following: <ul style="list-style-type: none"> ○ Congestive Heart Failure (CHF) OR ○ Uncontrolled Diabetes (A1c>9) OR ○ High risk Perinatal condition (gestational diabetes; preeclampsia/HELLP; gestational Hypertension/eclampsia; CKD during pregnancy) OR ○ Cancer under active chemotherapy/radiation treatments OR ○ Chronic Kidney Disease (CHF) stage 3, 4, or 5 (End Stage renal disease) • Added chart that includes DHCS Qualifying conditions • Updated wording/phrasing per recent DHCS guidance • Added guidance for Nutritional Education and Counseling related to MTM/MTG/MSF

Guideline #	Guideline Title	LOB	Degree of Change	Updates/Changes
UM_OTH 13	Transitional Care Medicine (TCM)	Medicare/ Medi-Cal	Minor Revised	<ul style="list-style-type: none"> • Services for our medically complex members that are short-term, high-intensity, and face-to-face as they transition from one level of care to the home or community setting. These services are categorized into Tiers and delivered in 90-day increments in the home or a home-like setting based on Johns Hopkins risk score modeling. • Eligible members include, but are not limited to, those who have had 3 or more hospital admissions in the last 2 consecutive months, 4 or more ER visits in the past 60 days, or those taking 6 or more medications with poor healthcare literacy. • This benefit is available to both our Medi-Cal or Medicare members. For this review cycle, this policy has undergone an update of references only.
UM_OTH 24	Human Donor Breast Milk	Covered California	Minor Revised	<p>Highlights:</p> <ul style="list-style-type: none"> • Human donor breast milk contains a range of biologic components essential for a child’s development. These include immunoglobulins, growth factors, hormones, and indigestible carbohydrates important for beneficial gut bacteria. • IEHP Covered California members may be eligible to receive pasteurized human donor breast milk under certain conditions when it is prescribed by an authorized provider and obtained from a licensed and approved facility. Such conditions may include, but are not limited to when a mother’s own milk is contraindicated or lacking in quantity or quality to meet the infant’s needs, when a mother is unable to breast feed due to a medical condition, when an infant cannot tolerate or has medical contra-indications to using formula, or when an infant has a medical condition where their digestive needs require additional support. • For this review cycle, this policy has undergone an update of references only.

Guideline #	Guideline Title	LOB	Degree of Change	Updates/Changes
UM_SUR 06	Natural Orifice Transluminal Endoscopic Surgery (NOTES)	Medicare/ Medi-Cal Covered California	Minor Revised	<p>Highlights:</p> <ul style="list-style-type: none"> • A form of surgery where an endoscope is introduced into a natural body orifice (mouth, anus, vagina, etc.), thereby eliminating the need for incisions and the resulting scars they produce. Additionally, an incision may be made in a hollow organ to access another, nearby organ. • IEHP only covers a Transoral Incisionless Fundoplication (TIF) procedure, a type of Natural Orifice Transluminal Endoscopic Surgery (NOTES), for Medicare members suffering from symptomatic, chronic GERD meeting certain criteria. This is detailed in LCD 34659. • Recommend utilizing LCD 34659 to review requests for TIF for our Medicare line of business. All other requests for NOTES procedures should be denied as a non-benefit. For this review cycle, this policy has undergone an update of references only.

Access to these and all other authorization guidelines can be found at: www.providerservices.iehp.org > Resources > Resources for Providers > Utilization Management Clinical Criteria or [click here](#).

For questions, contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org

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