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**To:** Medical Directors & IPA Network

**From:** IEHP – Health Services

**Date:** July 30, 2026

**Subject:** **REVISED/RETIRED – UM Authorization Guidelines**

IEHP's Guideline Review Committee has approved the following authorization guideline updates/changes, **effective 8/1/2026:**

| Guideline # | Guideline Title                        | LOB      | Degree of Change | Updates/Changes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------|----------------------------------------|----------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UM_CSS 01   | Community or Home Transition Services  | Medi-Cal | Minor Revised    | Highlights: <ul style="list-style-type: none"><li>• Coordination of benefit with Housing Deposits, Housing Transition Navigation Services, and Home Modifications.</li><li>• Minor updates to verbiage according to DHCS proposed updates.</li><li>• No change to eligibility requirements</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| UM_CSS 04   | Housing Transition Navigation Services | Medi-Cal | Minor Revised    | Highlights: <ul style="list-style-type: none"><li>• Eligibility Criteria format updated with an added table to improve clarity and ease of use; no changes were made to the actual eligibility.</li><li>• Additional information added to explain coordination of benefit with ECM, Housing Deposits, HTSS and Transitional Rent.</li><li>• Homeless definition (including “At risk of Homelessness,”) updated according to HUD with modifications per DHCS Community Supports Policy Guide, Appendix C.<ul style="list-style-type: none"><li>○ Clarification around exiting an institution and member was homeless prior.</li><li>○ Timeframe for member/family imminently losing housing extended to 30 days (previously 14 days homeless and 21 days at risk of homelessness.)</li><li>○ Requirement to have an annual income below 30 percent of median family income no longer applies to definition.</li><li>○ Added to definition: Fleeing, or attempting to flee, domestic violence has no other residence and lacks the resources or support networks to obtain other permanent housing.</li></ul></li></ul> |

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| UM_CSS 02   | Assisted Living Facility Transitions | Medi-Cal | Minor Revised    | Highlights: <ul style="list-style-type: none"> <li>• Added: When a member is actively enrolled in the ALW (Assisted Living Waiver), IEHP will not pay for services covered under the ALW (or other Medi-Cal covered benefits.)</li> <li>• Additional information added regarding member's choice of setting and freedom from coercion and restraint.</li> <li>• Removed duplicative information</li> <li>• No change to eligibility criteria</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| UM_CSS 12   | Day Habilitation Programs            | Medi-Cal | Minor Revised    | Highlight: <ul style="list-style-type: none"> <li>• Clarified documentation requirements for extensions: must include detailed records of the services provided during the previous authorization period, including dates of service, the amount of time spent, and a description of the specific activities performed.</li> <li>• Homeless definition (including “At risk of Homelessness,”) updated according to HUD with modifications per DHCS Community Supports Policy Guide, Appendix C.               <ul style="list-style-type: none"> <li>○ Clarification around exiting an institution and member was homeless prior.</li> <li>○ Timeframe for member/family imminently losing housing extended to 30 days (previously 14 days homeless and 21 days at risk of homelessness.)</li> <li>○ Requirement to have an annual income below 30 percent of median family income no longer applies to definition.</li> <li>○ Added to definition: Fleeing, or attempting to flee, domestic violence has no other residence and lacks the resources or support networks to obtain other permanent housing.</li> </ul> </li> <li>• Minor updates to verbiage according to DHCS proposed updates, otherwise no major change to eligibility criteria</li> </ul> |
| UM_CSS 14   | Respite Services                     | Medi-Cal | Minor Revised    | Highlights: <ul style="list-style-type: none"> <li>• Removed linkage to IHSS from list of exclusions</li> <li>• Removed duplicative information</li> <li>• No changes to eligibility criteria</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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|-------------|---------------------------------------------------------|------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UM_SUR 06   | Natural Orifice transluminal Endoscopic Surgery (NOTES) | Medicare/<br>Medi-Cal<br>Covered<br>California | Retired          | <p>Highlights:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Besides Medicare covering Transoral Incisionless Fundoplication (TIF) procedures for symptomatic, chronic GERD refractory to medical management, it has recently come to our attention that Medi-Cal covers select NOTES procedures as well. Therefore, after careful consideration and to avoid any potential discrepancy between IEHP and state/federal policy, this guideline will be retired.</li> </ul> |

Access to these and all other authorization guidelines can be found at: [www.providerservices.iehp.org](http://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](mailto:ProviderServices@iehp.org)

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