Policy	Department	Policy #	Policy Name	Brief Description of Policy	Description of Changes/Current Revisions	Policy Update (X)	New Policy (X)	Annual Review or Formatting Changes (X)
2	140-Utilization Management Department	CBAS-002	Expedited Initial Member Assessment for CBAS	Process to expedite CBAS referrals	Annual Review- Dates Updated. Updated Dates/ Time frames for Member and provider notifications, fixed grammar/ capitalization. Updated reference resources.	X		X
3	140-Utilization Management Department	CBAS-004	Member Assignment to a CBAS Center	Process for how to link a member to a CBAS center	Annual Review- fixed grammar/ capitalization. Updated reference resources.	X		X
4	140-Utilization Management Department	CBAS-005	Provision of Unbundled CBAS Services	Process for services uniquely provided by the CBAS centers	Annual Review- fixed grammar/ capitalization. Updated reference resources.	X		X
5	140-Utilization Management Department	CBAS-006	CBAS ERS	Process for utilization or Emergency Remote Services following the pandemic	New Policy that addresses the Emergency Remote Services Requirements from CDA		X	
6	140-Utilization Management Department	UM-001	Utilization Management Program	Basic UM Overview Policy	Updated formatting and grammar. Updated LVN oversight, corrected PA Retro Language, Added TCS collaborative language, Updated IRR to encompass new hires, added references to other UM policies mentioned.	X		X
7	140-Utilization Management Department	UM-004	Over and Under Utilization	Policy related to over and underutilization of UM services and member follow ups	Updated formatting and grammar. Updates the HCQC language to newer QIHEC title. Updated the policy/ references names	X		X

8	140-Utilization Management Department	UM-005	Second Opinions	Policy on how and what 2nd opinions need authorization and what the requirements are for the providers completing them	Removed some duplicative language about Expedited referrals for 2nd opinion. Removed Phone #s, clarified language related to the Consultation report to align with California Health and Safety Code. Updated Policy Reference names.	X		X
9	140-Utilization Management Department	UM-007	New and or Experimental Technology Review Process	Policy on how and what New and experimental technologies need authorization and what the requirements are for the providers completing them	Annual Review- minor formatting and policy clarification. Updated to QIHEC from HCQC	X		X
10	140-Utilization Management Department	UM-008	Coordination of Care- California Children's Services	CCS Rules, regulations and monitoring requirements	Alignment with the Contract language following the CCS age out and need for continued care coordination beyond the initial 12 months. Updated Committee names removed duplicate verbiage.	X		X
11	140-Utilization Management Department	UM-014	Identifying Abuse	How to report suspected elder and child abuse	Changed Name to reduce confusion with Continuity of care. Updated Reportable criteria to match the APS criteria listed on the form. Added verbiage r/t Filing of reports to Ombudsman for members in LTC.	X		X
12	140-Utilization Management Department	UM-025	Guidelines for Obstetrical Services	Guidelines for OB care	Added reference of Dould policy, minor formatting changes. Added dental language, moved the set of	X		X
13	140-Utilization Management Department	UM- 029	Sensitive Services	Family planning services including HIV and STD testing as well as abortion	Annual Review- minor formatting and policy clarification. Updated to QIHEC from HCQC. Updated with New APL 23-004	X		X
14	140-Utilization Management Department	UM- 036	Continuity of Care	Continuity of Care for Terminated and Non-Participating Providers	Updated HCQC Title, Updates Reference Documents & Policy names, Removed future tense r/t transition	X		X

15	140-Utilization Management Department	UM-048	Triage and Screening Services	Telephonic triage process	Updated HCQC Title, Updates Reference Documents & Policy names,	X		X
16	140-Utilization Management Department	UM-049	Utilization Management Satisfaction Survey	Process for monitoring satisfaction survey	Updated HCQC Title, Updates Reference Documents & Policy names,	X		X
17	140-Utilization Management Department	UM-050	Tracking and Monitoring of Services Prior Authorized	Process for monitoring Prior Auths	Updated HCQC Title, Updates Reference Documents & Policy names,	X		X
18	140-Utilization Management Department	UM-056	Standing Referrals	Process and regulations surrounding length of time a referral can be in place	Updated HCQC Title, Formatting Updates Reference Documents & Policy names,	X		X
19	140-Utilization Management Department	UM-057	Authorization Service Requests	Process for processing Service requests	Updates r/t Group care, updates on what requires P/A or auth & what does not, biomarker language updated, updates on what can be Auto-Authd, updated the CS auth timeframe to business days, enhanced required clinical information list, Enchanced CM Referral laguage to encompass extra programs eligible for CM referrals, updated definition for Group Care Medically Necessary Services	X		X
20	140-Utilization Management Department	UM-058	Continuity of Care for New Enrollees Transitioned to Managed Care After Receiving A Medical Exemption	Continuity of Care for New Enrollees Transitioned to Managed Care After Receiving A Medical Exemption	Annual Review- minor formatting and policy clarification. Updated to QIHEC from HCQC. Updated with New APLs. Updated Call return requirements.	X		X

21	140-Utilization Management Department	UM-059	Continuity of Care for Medi-Cal Beneficiaries who Transition into MediCal Managed Care	Continuity of Care for Medi-Cal Beneficiaries who Transition into MediCal Managed Care	Annual Review- minor formatting and policy clarification. Updated to QIHEC from HCQC. Updated with New APLs. Updated Call return requirements.	X		X
22	140-Utilization Management Department	UM-015	Emergency Services and Post-Stabilization Services	Describes processes for emergency and post-stabilization services	Updated language to align with DMHC APL 17-017, referencing the appropriate Knox-Keene standard for a member's reasonable belief on what is considered an emergency	X		
23	140-Utilization Management Department	UM-003	Concurrent Review and Discharge Planning Process	describes utilization review process for concurrent review and discharge planning	incorporated specifics around BH concurrent review	X		
24	LTC	LTC-003	LTC Case Management Member Identification and Enrollment and Management Process	LTC CM processes	Updated for ICF-DD and Subacute	X		X
25	CMDM	UM-016	Transportation Guidelines	Structure of Plan's Transportation Benefit	Addition of language regarding transportation for trips outside of time and distance standards, covered by our PA process for trips over 50 miles.	X		
26	CMDM	CM-034	Transitional Care Services	Structure of Plan's Transitional Care Services program	Addition of language to note PHM guide updates, including risk stratification	X		

27	UM	UM-063	Gender Affirmation Surgery and Services	Gender Affirmation definitions, covered services for all lines of business, and medically necessity criteria to receive care.	Legal review for updated DHCS APL guidance; removal of retired federal regulations; updated minor consent language aligned with WPATH guidance and state law; & simplifying WPATH Standards of Care reference	X		