2026 Universal Provider Manual Errata

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Questions? Please call the L.A. Care Provider Solution Center at 1-866-522-2736.

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Issue Date	Page	Section	Updated Content
9/23/26	23	2.5	A grievance may include concerns about the operations of L.A. Care and/or ~~its~~ it's Providers. ~~Common complaints include long wait times, the demeanor of health care personnel, the inadequacy of facilities, and the lack of courteous service.~~ Members can obtain assistance in filing a grievance or appeal by contacting the L.A. Care ~~Customer Solutions~~ Contact Center, 24 hours a day, seven (7) days a week
9/23/26	24	2.5.A	Providers can also call the L.A. Care ~~Customer Solutions~~ Contact Center and request to have a form sent to the Member.
9/23/26	25	2.8.A	2.8.A Primary Care Provider or Participating Provider Group, or Non-Specialist Terminations
9/23/26	25	2.8.A	In compliance with timely Member notifications, PPGs must notify L.A. Care at least ~~60~~ 90 calendar days in advance of any known PCP terminations in their network as required under the notice provisions of their provider agreement.
9/23/26	26	2.8.C	PPGs must notify L.A. Care at least 90 calendar days in advance of any known PCP terminations in their network as required under the notice provisions of their provider agreement. For more information on specialist terminations, please refer to Chapter 14 – Marketing.
9/23/26	51	4.6.E.4	5. Once services have been approved, L.A. Care will notify the Member, Provider, and transportation broker via ~~verbal and~~ written notification within five (5) ~~calendar~~ business days or seven (7) calendar days of receiving a routine PCS form request, whichever is sooner, ~~and~~ or within ~~three (3) calendar days~~ 72 hours of receiving an urgent PCS form request.
9/23/26	72	5.8	The process for requesting an Integrated Organization Determinations must be the same for all covered benefits. L.A. Care or its Delegated Entity must issue a determination within the processing times listed below.

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9/23/26	116	10.2	Language assistance and auxiliary services methods shall include, but are not limited to the use of qualified bilingual Providers and staff, telephonic and face-to-face interpreting services, American Sign Language (ASL) interpreters, **Text Telephone (TTY) or text messaging through the use of Telecommunications Relay Service (TRS), Video Relay Services (VRS), Video Remote Interpreting (VRI), telephone handset amplifiers; assistive listening devices, real-time computer-aided transcription services (CAT),** and written Member Informing Documents (also known as Vital Documents) in the threshold languages and alternative formats such as large print, audio, Braille, and accessible electronic format (data CD).
9/23/26	162	15.10	15.10 Federal False Claims Act **(FCA)**
9/23/26	162	New 15.10.B	**15.10 B All L.A. Care contracted Providers must ensure that all employees and contracted downstream and related entities participate and complete FCA Training within 90 calendar days of hire/contracting and annually thereafter.**
9/23/26	204	19.0	L.A. Care Health Plan offers comprehensive mental health (MH) and substance use disorder (SUD) services as part of the Behavioral Health benefits available to its Members. Depending on Member's needs and the level of care required, a Member may access care through either their Primary Care Provider, Carelon Behavioral Health, the Los Angeles County Department of Mental Health **(DMH)**, or the Department of Public Health Substance Use Prevention and Control **(DPH-SAPC)**. Service Access by Line of Business (LOB): 1. Medi-Cal~~, including~~ **(**MCLA**)** and HMO D-SNP: • Access to care is based on the type and severity of symptoms and impairment 2. ~~Commercial LOB:~~ **LACC, LACC-D, and PASC LOB:** • All services, except PCP screenings, are provided by Carelon

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Issue Date	Page	Section	Updated Content
9/23/26	204	19.0	Key Points: • L.A. Care's goal is to ensure and facilitate appropriate behavioral health services for all Members. • Providers are responsible for verifying Member eligibility to identify the appropriate system of care for referrals. • PCPs may provide Members with outpatient behavioral health services that are within their scope of practice. • No referral or prior authorization is required for an initial mental health assessment. • Treatment limitations for mental health benefits may not be more restrictive than the predominant treatment limitations applied to medical or surgical benefits. • Authorization determinations are based on the requested Medically Necessary health care service in a manner that is consistent with current evidence-based clinical practice guidelines. ~~• L.A. Care has a "No Wrong Door" approach to service access, with multiple entry points.~~
9/23/26	204	19.1	L.A. Care covers BHT for all Members under 21 years of age with a recommendation from a licensed physician, surgeon, or psychologist that evidence-based BHT services are medically necessary. A service is "medically necessary" if the service meets the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard. This includes Applied Behavior Analysis (ABA) and similar evidence-based treatments.
9/23/26	204	19.1.A	19.1.A For ~~Members in the~~ Medi-Cal (MCLA) ~~LOB~~ Members, the BHT Provider Network is contracted directly through L.A. Care. For questions or concerns regarding Behavioral Health Treatment (BHT) services for Medi-Cal Members ~~enrolled in the MCLA LOB~~, please call or email:
9/23/26	205	19.2	19.2 Mental Health Services for L.A. Care Medi-Cal (MCLA) ~~and L.A. Care Medicare Plus (HMO D-SNP)~~ Members

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Issue Date	Page	Section	Updated Content
9/23/26	205	19.2.A	For Medi-Cal ~~eligible~~ Members, ~~including both those in the MCLA and HMO D-SNP LOB,~~ L.A. Care is responsible for providing Non-Specialty Mental Health Services (NSMHS) to Members with mild to moderate impairments resulting from mental disorders. These outpatient services may include treatment for anxiety, depression, and other related mental health conditions. ~~PCPs may provide Members with outpatient mental health services that are within their scope of practice.~~ NSMHS include, but are not limited to: • Mental health evaluation and treatment (individual, group, and family psychotherapy) • **Dyadic Behavioral Health Services** • Psychological and neuropsychological testing, when clinically indicated • Outpatient services for drug therapy monitoring • Psychiatric consultation • Outpatient laboratory, drugs, supplies, and supplements • Maternal mental health services
9/23/26	205	19.2.B	For Medi-Cal ~~eligible~~ Members, ~~including both those in the MCLA and HMO D-SNP LOB,~~ who meet the criteria for Specialty Mental Health Services (SMHS), Members can access mental health services through DMH. **To determine if Members under the age of 21 meet SMHS criteria, Members can be screened using a DHCS-approved list of youth trauma screening tools to identify if the Member has a condition placing them at a high risk for a mental health disorder due to the experience of trauma. The list of approved trauma screening tools can be found in DHCS APL 26-002 or at: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202026/APL26-002AttachmentA.pdf.**

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Issue Date	Page	Section	Updated Content
9/23/26	206	19.2.B	~~For inpatient psychiatric hospitalization, DMH is responsible for MCLA Members while Carelon Behavioral Health is responsible for D-SNP Members.~~ MCLA Members under the age of 21 have access to additional mental health services. These services include but are not limited to:
9/23/26	206	19.2.B	~~*The following section/sentence is only applicable to (as denoted between the asterisks): L.A. Care Medi-Cal (MCLA).*~~ ~~*~~ L.A. Care adheres to a No Wrong Door policy to help ensure Members receive timely behavioral health services without delay, regardless of the delivery system in which they seek care. Members will be screened and transferred to the appropriate delivery system. More information can be found ~~For the Medi-Cal LOB, the No Wrong Door protocol is described~~ in the DHCS APL 22-005. ~~*~~
9/23/26	206	New 19.3	19.3 Mental Health Services for Medicare Plus Members (HMO D-SNP)

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Issue Date	Page	Section	Updated Content
9/23/26	206	New 19.3.A	19.3.A HMO D-SNP Members have access to behavioral health services through Carelon Behavioral Health. These services may include treatment for anxiety, depression, and other related mental health conditions. Services include, but are not limited to: • Mental health evaluation and treatment (individual, group, and family psychotherapy) • Psychological and neuropsychological testing, when clinically indicated • Outpatient services for drug therapy monitoring • Psychiatric consultation • Outpatient laboratory, drugs, supplies, and supplements • Inpatient psychiatric hospitalization Members and Providers may contact Carelon Behavioral Health to coordinate triage and access care. • By Phone: Carelon Behavioral Health at (877) 344-2858 • By Provider Directory: https://plan.carelonbehavioralhealth.com/find-a-provider/ • By Website: https://www.carelonbehavioralhealth.com/

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Issue Date	Page	Section	Updated Content
9/23/26	206	New 19.3.B	19.3.B HMO-DSNP Members also have access to additional Mental Health Services offered through L.A. County Department of Mental Health (DMH) if Members meet criteria for access. These benefits are covered through Member's Medi-Cal coverage and can be located under 19.2.B. DMH Helpline Contact Information: • By Phone: (800) 854-7771 L.A. Care adheres to a No Wrong Door policy to help ensure Members receive timely behavioral health services without delay, regardless of the delivery system in which they seek care. Members will be screened and transferred to the appropriate delivery system. More information can be found in the DHCS APL 22-005.
9/23/26	206	19.3	~~19.3~~ 19.4 Mental Health Services for LACC/D and PASC Members Carelon Behavioral Health is responsible for providing all mental health services to LACC/D and PASC Members. These services may include treatment for anxiety, depression, and other related mental health conditions. ~~PCPs may provide Members with outpatient mental health services that are within their scope of practice.~~
9/23/26	208	19.4	~~19.4~~ 19.5 Substance Use Disorder (SUD) ~~—Preventive~~ Services

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Issue Date	Page	Section	Updated Content
9/23/26	208	New 19.5.A	19.5.A L.A. Care's Responsibility for SUD Services ~~L.A. Care covers Alcohol and Drug Screening, Assessment, Brief Intervention, and Referral to Treatment (SABIRT) services in the primary care setting for:~~ • Alcohol and Drug Screening, Assessment, Brief Intervention, and Referral to Treatment (SABIRT) services in the primary care setting for all Members ages 11 years and older, including pregnant Members ~~• All Members ages 11 years and older~~ ~~• Pregnant women~~ • Preventative screenings: tobacco, alcohol and illicit drug screenings for adults and children • Medications for Addiction Treatment (MAT), alsos known as Medication-Assisted Treatment) provided in Primacy Care, inpatient hospital, emergency department, and other contracted medical settings • Emergency and post-stabilization services For more information and validated screening tools, please visit: https://samhsa.gov/sbirt.
9/23/26	208	19.4.A	~~19.4.A~~ 19.5.B Higher Levels of SUD Treatment for MCLA and HMO D-SNP Members
9/23/26	208	19.4.B	~~19.4.B~~ 19.5.C Higher Levels of SUD Treatment for LACC/D and PASC Members
9/23/26	209	19.5	~~19.5~~ 19.6 Transgender Health
9/23/26	209	19.5.A	~~19.5.A~~ 19.6.A Transgender services include the following when they are determined to be medically necessary:
9/23/26	209	19.6	~~19.6~~ 19.7 Network Management
9/23/26	210	19.7	~~19.7~~ 19.8 Behavioral Health Services Contact Information

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<tr><td>9/23/26</td><td>210</td><td>19.7</td><td>[Updates below located within the table]
<table>
<tr><th>Organization</th><th>Services</th><th>Phone Number and Website Information</th></tr>
<tr><td>Carelon Behavioral Health</td><td>Medi-Cal Members (MCLA and D-SNP): ~~Mental Health Services for mild/moderate levels of functional impairment, known as~~ Non-Specialty Mental Health Services (NSMHS)

D-SNP: Inpatient psychiatric admission

LACC, LACCD, and PASC: Mental health services and substance use disorder benefits services (MH/SUD) for all levels of care and Behavioral Health Treatment (BHT) Services</td><td>Carelon Behavioral Health: (877) 344-2858
Website:
https://www.carelonbehavioralhealth.com/</td></tr>
</table></td></tr>
<tr><td>9/23/26</td><td>210</td><td>19.7</td><td>[Updates below located within the table]
<table>
<tr><th>Organization</th><th>Services</th><th>Phone Number and Website Information</th></tr>
<tr><td>L.A. Care Health Plan</td><td>Medi-Cal Members (MCLA) only: BHT for individuals under 21 years of age</td><td>BHT: (888) 347-2264
Email: ASDBenefit@lacare.org
Fax: (213) 438-5054</td></tr>
</table></td></tr>
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<tr><th>Organization</th><th>Services</th><th>Phone Number and Website Information</th></tr>
<tr><td>Los Angeles County Department of Mental Health (DMH)</td><td>Medi-Cal Members (MCLA and D-SNP):
~~Mental Health Services for high moderate and severe levels of functional impairment, known as~~ Specialty Mental Health Services (SMHS)

Medi-Cal only: Inpatient psychiatric admissions</td><td>DMH: (800) 854-7771
Website: https://dmh.lacounty.gov/</td></tr>
</table>
</td></tr>
<tr><td>9/23/26</td><td>211</td><td>19.8</td><td>~~19.8~~ 19.9 For More Information</td></tr>
<tr><td>9/23/26</td><td>213</td><td>20.1.A.1</td><td>4. Important timeframes:
• Trainings~~ MUST take place~~ must start within 10 working ~~business~~ days of active status and completed within 30 working days.
◘ Active or “effective” status dates are driven by the Provider Onboarding policy of the PPG/MSO</td></tr>
<tr><td>9/23/26</td><td>213</td><td>20.1.B</td><td>The completion of annual regulatory required training courses (e.g. False Claims Act, Fraud, Waste, and Abuse, General Compliance) are the responsibility of all Providers as well as their affiliated providers and staff, including those who provide health or administrative services (e.g. Provider, office staff, and medical staff).</td></tr>
<tr><td>4/30/26</td><td>14</td><td>1.0</td><td>L.A. Care Health Plan (L.A. Care) serves more than 2.~~4~~6 million Members in Los Angeles County, making it the largest publicly operated health plan in the country.</td></tr>
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4/30/26	16	1.6.A	To register for the Provider Portal, please visit: https://www.lacare.org/providers/news/provider-portal-announcement ~~https://www.lacare.org/providers/provider-central/la-care-provider-central~~
4/30/26	20	2.1.A	For our Members, the Membership Identification Card has everything they need to see their Provider, call the ~~Customer Solution Center~~ Contact Center, contact the Nurse Advice Line (NAL), and obtain prescription medication.
4/30/26	21	2.1.A	To request access to the Provider Portal or to sign-in, please visit: https://www.lacare.org/providers/news/provider-portal-announcement. ~~https://www.lacare.org/providers/provider-central/la-care-provider-central.~~
4/30/26	21	2.2.A	L.A. Care Provider Portal ~~1.~~ Register for access and/or sign-in to the Provider Portal here: https://www.lacare.org/providers/news/provider-portal-announcement ~~2.~~ 1. From menu, select option: Search Members ~~Eligibility Verification~~ ~~3.~~ 2. Complete the Member information ~~marked with an asterisk~~, as required ~~4.~~ 3. Click: Submit to disclose Member eligibility information

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<tr><td>4/30/26</td><td>21</td><td>2.2.A</td><td>L.A. Care Provider Contact ~~Solutions~~ Center
1. Call (866) 522-2736
2. Say ~~Select option~~ “eligibility” or press one (1) for eligibility
3. Follow Interactive Voice Response (IVR) instructions
4. Enter requested Member information
5. IVR will telephonically disclose Member eligibility information
6. For further inquiries,~~related to the following,~~ Providers can ~~stay on the line to~~ speak the reason for their call or say “something else” to speak with a representative during business hours (Monday through Friday from ~~8~~ 7 a.m. to 6 p.m. PST, excluding Holidays)
~~• Prior Authorization Status~~
~~• Claim Status (The self-serve option via IVR is available 24 hours a day.)~~
~~• Claim Appeal Status~~
7. Visit the Provider Portal Hub page for guides, support, and additional resources</td></tr>
<tr><td>4/30/26</td><td>42</td><td>4.1.A</td><td>[Updates below located within the table]
<table><tr><th>COVERED BENEFITS/SERVICES</th><th>HMO D-SNP</th><th>MCLA</th><th>LACC/D</th><th>PASC-SEIU</th></tr><tr><td>Gender Affirming Care Services</td><td>☒</td><td>☒</td><td>☒</td><td>☒</td></tr><tr><td>Genetic Testing</td><td>☒</td><td>☒</td><td>☒</td><td>☒</td></tr></table></td></tr>
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<tr><th>COVERED BENEFITS/SERVICES</th><th>HMO D-SNP</th><th>MCLA</th><th>LACC/D</th><th>PASC-SEIU</th></tr>
<tr><td>Transfusions (Blood and Blood Products)</td><td>☒</td><td>☒</td><td>☒</td><td>☒</td></tr>
<tr><td>~~Transgender Services~~</td><td>~~☒~~</td><td>~~☒~~</td><td>~~☒~~</td><td>~~☒~~</td></tr>
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<tr><th colspan="4">EXCLUSIONS</th></tr>
<tr><th>HMO D-SNP</th><th>MCLA</th><th>LACC/D</th><th>PASC-SEIU</th></tr>
<tr>
<td>• Services considered not “reasonable and medically necessary”
• Experimental medical and surgical treatments, items, and drugs
• Surgical treatment for morbid obesity
• A private room in a hospital
• Private duty nursing
• Personal items in patient’s room at a hospital or a nursing facility
• Full-time nursing care in home</td>
<td>• Cosmetic surgery
• Dental services for individuals aged 19 and older ~~with an unsatisfactory immigration status~~ who are undocumented or lawfully present immigrants who do not qualify for full-scope Medi-Cal under federal rules (eff. 07/01/26)</td>
<td>• Chiropractic care
• Cosmetic surgery
• Dental care (Adult)
• Hearing aids
• Infertility treatment
• Long-term care
• Non-emergency care when traveling outside the U.S.
• Private duty nursing
• Routine eye care (Adult)
• Weight loss programs</td>
<td>• Acupuncture
• Chiropractic care
• Cosmetic surgery
• Habilitation services
• Hearing aids
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4/30/26	52	4.7	"Sensitive Services" are defined as services related to the following: • Family planning • Gender affirming care • Intimate partner violence • Mental health services • ~~Pregnancy~~ • Sexual and reproductive health services • Sexual assault and abortions • Sexually transmitted diseases (STDs) for Members 12 years of age and older, if sexually active • Substance or alcohol ~~abuse~~ use disorder (SUD)

2026 Universal Provider Manual Errata

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Issue Date	Page	Section	Updated Content
4/30/26	52	4.7	Benefit coverage for Members 18 ~~12~~ years of age or younger ~~and older~~ may receive any Sensitive Services (without parental consent) if, in the opinion of an attending professional person, the minor is mature enough to participate intelligently in the outpatient services. Known as Minor Consent Services, services include: Under Age 12 • Pregnancy and pregnancy related services • Family planning services • Sexual assault services • Parental or guardian consent is required for Members under 12 years of age who seek substance or alcohol abuse treatment services or for the treatment services of STDs. Age 12 and Older • Pregnancy and pregnancy related services • Family planning services • Sexual assault services • Infectious, contagious or communicable disease diagnosis and treatment, including for HIV/AIDS • Sexually transmitted disease (or infections) prevention, diagnosis and treatment for STIs like syphilis, gonorrhea, chlamydia, and herpes simplex • Substance use disorder (SUD) treatment for drug ~~Drug~~ and alcohol abuse ~~treatment counseling~~ including screening, assessment, intervention, and referral services • Outpatient mental health treatment and counseling if in the opinion of the attending professional person determines that the minor is mature enough to participate intelligently in their health care • Intimate partner violence Providers should encourage Members to use in-network Providers to enhance coordination of care; however, Members may access Sensitive Services through out-of-network Providers without prior authorization.

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Issue Date	Page	Section	Updated Content
4/30/26	57	4.15	It is necessary that Medi-Cal beneficiaries respond to county requests in a timely manner. This will make sure DPSS has the most current information it needs to renew their Medi-Cal coverage. As of January 1, 2026, some adult immigrants are no longer able to sign up for full-scope Medi-Cal coverage based on their immigration status. This affects individuals who are: • Age 19 or older and not pregnant or postpartum, and • Undocumented (they live in the U.S. without legal permission), or • A lawfully present immigrant with an immigration status that does not qualify for full-scope Medi-Cal under federal rules This does not affect: • Children under 19 • Pregnant people If Medi-Cal beneficiaries already have Medi-Cal, they can stay covered no matter their immigration status as long as they completed their renewal on time. If their Medi-Cal ends because of a late renewal or missing paperwork, they have 90 days to fix the problem and keep their coverage. If they miss that 90-day window, they won't be able to get full-scope Medi-Cal again. They can only apply for restricted Medi-Cal, which covers: • Emergency care • Pregnancy-related care • Nursing home care
4/30/26	57	4.15	For more information, please visit KeepMediCalCoverage.org to sign up for email and text message alerts. DPSS is open Monday through Friday from 7:30 a.m. to ~~6:30~~ 5:30 p.m. excluding holidays.

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Issue Date	Page	Section	Updated Content
4/30/26	133	12.1.A	• L.A. Care Provider Portal 1. Register for access to the Provider Portal here: https://www.lacare.org/providers/news/provider-portal-announcement ~~https://www.lacare.org/providers/provider-central/la-care-provider-central~~ 2. Sign-in to the Provider Portal at: https://lacare.my.site.com/LACProviders/s/ ~~https://www.lacare.org/~~ ~~2.~~ 3. Select “LA Care Providers Login” ~~3.~~ 4. From menu, select option: Search Members ~~Member Eligibility Verification~~ ~~4.~~ 5. Complete the Member information ~~marked with an asterisk~~, as required ~~5.~~ 6. Click: Search ~~Submit~~ to disclose Member eligibility information ~~6.~~ 7. Please note: Providers can also check claim status from the same menu options ~~7.~~ 8. From menu, select option~~: Search All~~ Claims ~~or Search a Claim~~ ~~8.~~ 9. Enter requested claim information ~~marked with an asterisk,~~ as required ~~9.~~ 10. Click: Search ~~Submit~~ to see claim status

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<table>
<tr><th>Issue Date</th><th>Page</th><th>Section</th><th>Updated Content</th></tr>
<tr><td>1/2/26</td><td>60</td><td>5.2</td><td>Prior authorization will be required from L.A. Care or its Delegated Entity, as applicable, except in the case of urgent and Emergency Services. Standing referrals may be needed for members with a condition that requires specialized care over an extended amount of time. The specialist or qualified health care professional will develop a treatment plan for the Member. The referral will be made if the PCP, the specialist and the plan medical director determine that specialized medical care is medically necessary for the Member. The treatment plan will indicate how often the Member needs to be seen. Prior authorization is not required for standing referrals to an In-Network Provider. Standing referrals to an Out-of-Network Provider always require prior authorization.</td></tr>
<tr><td>1/2/26</td><td>72</td><td>5.8</td><td>[Updates below located within the table]
<table>
<tr><th>Type</th><th>Processing Timeframe</th><th>With Extension</th></tr>
<tr><td>Part C Pre-Service</td><td>Within 5 business days or 7 calendar days of the request, whichever is sooner ~~receipt of information~~</td><td>N/A</td></tr>
</table></td></tr>
<tr><td>1/2/26</td><td>73</td><td>5.8.B</td><td>L.A. Care and its Delegated Entities will process standard organizational determinations within five (5) business days or seven (7) calendar days of the request, whichever is sooner, from receipt of information reasonably necessary to make the determination.</td></tr>
</table>