



**Gold Coast
Health Plan**SM
A Public Entity

Provider Operations Bulletin

APRIL 2026

www.goldcoasthealthplan.org

Table of Contents

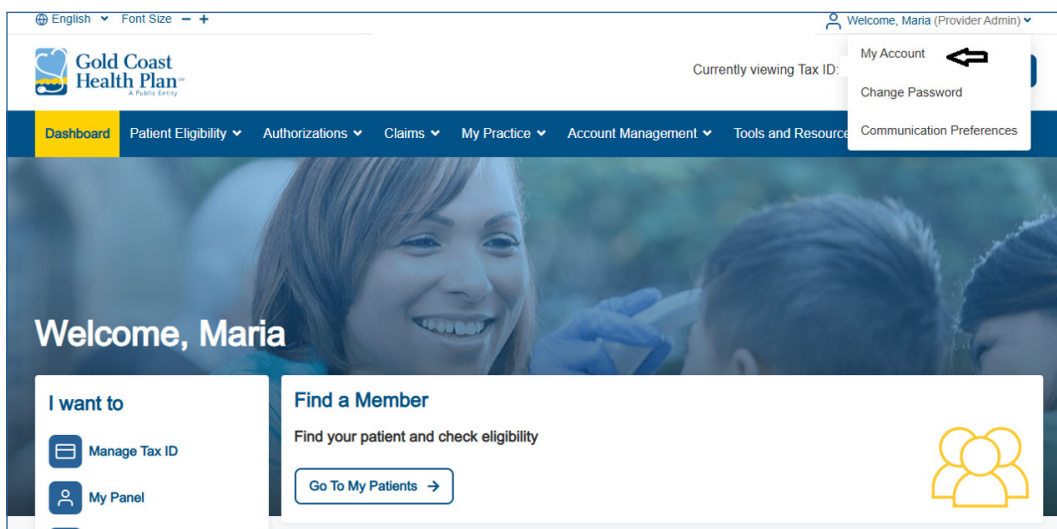
SECTION 1: Provider Portal – Disable One-Time Passcode (OTP) Feature	3
SECTION 2: Gold Coast Health Plan (GCHP) Clinical Practice Guidelines.....	5
SECTION 3: Hospice Services	6
SECTION 4: Gold Coast Health Plan (GCHP) Pharmacy Services and Medi-Cal Rx Updates.....	8
SECTION 5: Total Care Advantage Non-Contracted Providers.....	13
SECTION 6: Total Care Advantage Prior Authorization List.....	14
SECTION 7: Medicare Outpatient Observation Notice (MOON)	15
SECTION 8: Important Message from Medicare (IM).....	16
SECTION 9: Total Care Advantage Supplemental Benefit: Hearing Aids	17
SECTION 10: Total Care Advantage Authorization and Claims Submission: Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BIPAP)	18
SECTION 11: Timely Access Standards and Methods to Improve Member Access	19
SECTION 12: Affirmative Statement About Utilization Management (UM)	20
SECTION 13: Gold Coast Health Plan (GCHP) Medi-Cal Hearing Aid Coverage	21
SECTION 14: Increase Colorectal Cancer Screenings with Home Test Kits	22
SECTION 15: Prenatal and Postpartum Depression Screening Recommendations and Referral Process.....	23
SECTION 16: Cultural and Linguistic Services: Ensuring Equitable Access for Members	25
SECTION 17: Health Education.....	26
SECTION 18: California Child and Adolescent Mental Health Access Portal (Cal-MAP): Free Behavioral Health Support for Primary Care Providers	28
SECTION 19: New DHCS-Approved Youth Trauma Screening Tools	30

SECTION 1:

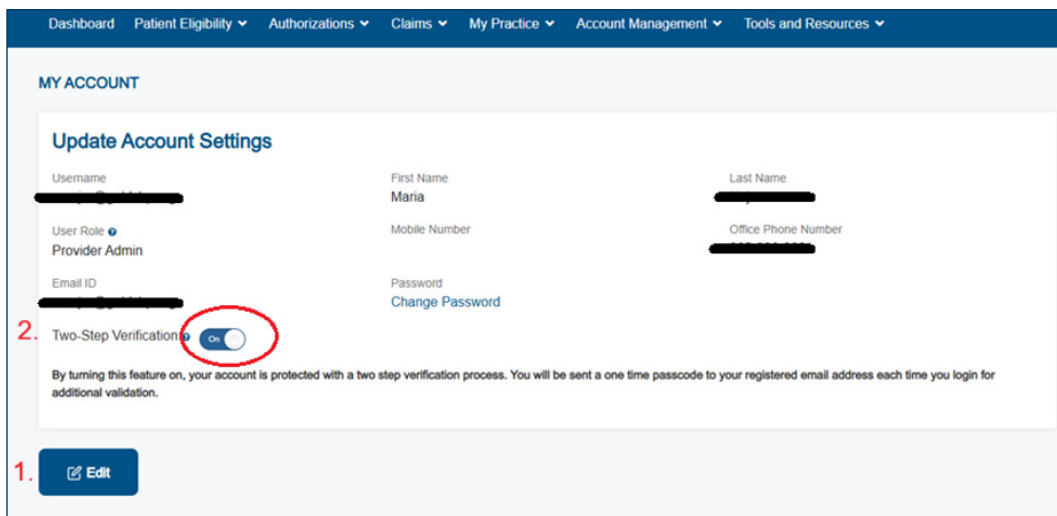
Provider Portal – Disable One Time Passcode (OTP) Feature

As a reminder, the one-time passcode (OTP) security feature in the provider portal is optional and can be disabled. You may be prompted to enter an OTP when logging into your account, or when changing or resetting your password. If you would like to disable this feature from future occurrence, please take the following steps:

1. On your account landing page, click on **My Account**:



2. On the Update Account Settings page, click the **Edit** button
3. Turn off **Two-Step Verification**



4. Click Save

Dashboard Patient Eligibility Authorizations Claims My Practice Account Management Tools and Resources

MY ACCOUNT

Update Account Settings

Username [REDACTED]

First Name* Maria

Last Name* [REDACTED]

User Role Provider Admin

Mobile Number

Office Phone Number* [REDACTED]

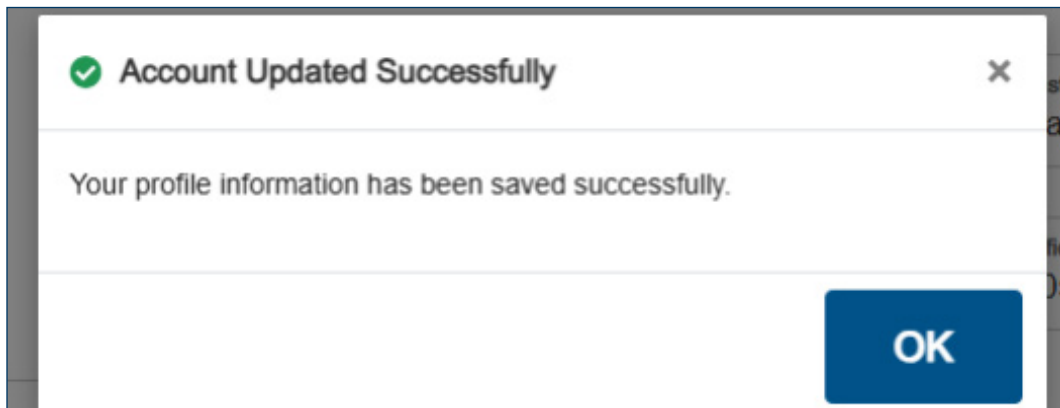
Email ID* [REDACTED]

Password [Change Password](#)

Two-Step Verification Off

By turning this feature on, your account is protected with a two step verification process. You will be sent a one time passcode to your registered email address each time you login for additional validation.

[Back](#) [Save](#)



If you have any questions, please email ProviderRelations@goldchp.org.

SECTION 2:

Gold Coast Health Plan (GCHP) Clinical Practice Guidelines

Gold Coast Health Plan's (GCHP) clinical practice guidelines are designed to aid physicians' and practitioners' diagnostic and treatment clinical decision making for treating specific health conditions. These guidelines are based on peer-reviewed scientific evidence, medical literature review, and/or established expertise and authority. All recommendations are grounded in nationally recognized and accepted public health and professional society guidelines. GCHP clinical practice guidelines do not prioritize diagnostic decisions and clinical treatments based solely on cost. GCHP has recently updated the following:

Total Care Advantage (D-SNP) Clinical Practice Guidelines:

- Chronic obstructive pulmonary disease
- Immunizations
- Parenteral and enteral nutrition
- Transgender services
- Additional resources

Medi-Cal Clinical Practice Guidelines:

- Physical Occupational Speech Therapies Guideline

Clinicians should apply GCHP's clinical practice guidelines based on their clinical judgement and expertise. When individual circumstances indicate that the guideline(s) is not appropriate for the individual patient and/or circumstances indicate that the guideline(s) is inappropriate the clinical team (i.e., Medical Director, Medical Policy, specialists, and other clinical resources) should consider alternatives and make decisions on a case-by-case basis. Guideline questions and/or recommended alternatives can be sent to: gchpmedicalpolicy@goldchp.org.

These updates will soon be available on the GCHP website at <https://www.goldcoasthealthplan.org/for-providers/provider-resources/>

SECTION 3:

Hospice Services

Gold Coast Health Plan (GCHP) provides the following information to advise providers of the current Hospice Services requirements.

Gold Coast Health Plan Total Care Advantage (HMO D-SNP)

Hospice services are covered by original Medicare. To ensure appropriate coordination of care, the required documentation must be submitted timely to Centers for Medicare & Medicaid Services (CMS) and GCHP.

Required Documentation:

The hospice provider is responsible for the submission of all required documents to DHCS (Medi-Cal) or CMS (D-SNP) and GCHP, within five calendar days of the election for hospice.

- **Outpatient Hospice:** Hospice Election form, Addendum patient notification of hospice non-covered items, services, and drugs and a certification of terminal illness
- **Inpatient (IP) Hospice:** Hospice Election form, Addendum patient notification of hospice non-covered items, services, and drugs and a certification of terminal illness, written prescription from the member's attending physician, justification for IP care (if applicable), initial plan of care
- **Additional Documentation:** confirmation / attestation of face-to-face visits and documented care planning.

Medi-Cal Managed Care

Under existing state Department of Health Care Services (DHCS) Medi-Cal contract requirements and state law, the Managed Care Plan (MCP) is required to provide hospice services upon member election to start and receive such care services. Effective June 1, 2025, the Notice of Election (NOE) submission must be sent directly to the member's MCP within five calendar days of election. This new process ensures faster processing, accurate reimbursement, and aligns with the MCP's responsibility to manage member care. Late submissions may result in denial of payment.

Hospice services are to be provided by GCHP in network providers. For a list of contracted hospice providers, refer to the [GCHP Provider Directory](#).

Required Documentation:

The hospice provider is responsible for the submission of all required documents to DHCS (Medi-Cal) or CMS (D-SNP) and GCHP, within five calendar days of the election for Hospice.

- **Outpatient Hospice:** Hospice Election form, Addendum patient notification of hospice non-covered items, services, and drugs and a certification of terminal illness
- **Inpatient (IP) Hospice:** Hospice Election form, Addendum patient notification of hospice non-covered items, services, and drugs and a certification of terminal illness, written prescription from member's attending physician, justification for IP care (if applicable), initial plan of care
- **Additional Documentation:** confirmation / attestation of face-to-face visits and documented care planning.

Should a member revoke their election for hospice, the hospice provider must submit the signed Hospice Revocation Statement within five calendar days to DHCS (Medi-Cal) or CMS (D-SNP) and GCHP. Revocation date may not be retroactive. At any time after revocation or a discharge by the hospice for cause, a member may execute a new election if they meet coverage eligibility requirements. In addition, a member may change the designation of a hospice provider once during each benefit period.

Submit all hospice related documentation by fax to: **1-855-883-1552**.

For questions, contact GCHP Member Services at: **1-888-301-1228** (8 a.m. to 8 p.m., seven days a week from Oct. 1 through March 31, and 8 a.m. to 8 p.m., Monday through Friday from April 1 through Sept. 30.)

For a complete list of services requiring prior authorization, refer to GCHP website at https://res.cloudinary.com/dpmykpsih/raw/upload/gold-coast-site-258/media/r/a328fb7e690d412dbb34c8b5f18ff46b/gchp_serv_req_prior_auth_form_012026_v2p.pdf.

References:

[CMS Hospice Coverage](#)

[DHCS APL 25-008 Hospice Services and Medi-Cal Managed Care](#)

[Frequently Asked Questions for the Hospice Election Form and Addendum](#)

SECTION 4:

Gold Coast Health Plan (GCHP) Pharmacy Services and Medi-Cal Rx Updates

Gold Coast Health Plan (GCHP) website and Pharmacy Newsletter

Gold Coast Health Plan (GCHP) provides Medi-Cal Rx updates in the [Provider Pharmacy Services](#) section of our website. GCHP Pharmacy Services also publishes a quarterly newsletter that includes important Medi-Cal Rx updates and useful articles and tips! [Click here](#) to view the most recent edition of our newsletter.

Gold Coast Health Plan Total Care Advantage (HMO D-SNP) - New Medicare Advantage Plan

Effective Jan. 1, 2026, GCHP is introducing a new Medicare Advantage Special Needs Plan for members who have both Medicare and Medi-Cal (Medi-Medi members).

Total Care Advantage Part B Drugs – Medical Benefit (managed by GCHP)

Medicare Part B covers physician-administered drugs (PADs) and biologics that are typically provided in a clinical setting (in-office, outpatient infusion centers). This includes chemotherapy infusions, IV infusions, and most injectable medications that are NOT self-administered. Certain preventative vaccines are also covered under Part B, including influenza, COVID-19, hepatitis B and pneumococcal vaccines. In addition, Part B covers diabetic testing supplies, continuous glucose monitors (CGMs), durable medical equipment (DME) and drugs and biologics related to End-Stage Renal Disease (ESRD).

Part B Physician Administered Drugs (PADs)

Part B medications are billed under the medical benefit. GCHP will review prior authorization requests for some drugs that are administered at the physician's office. For a list of the Medicare Part B Drugs that require prior authorization and review for approval, please check the GCHP's [TCA Medicare Part B Drug List](#). This list is updated quarterly in alignment with guidance and direction received by Centers for Medicare & Medicaid Services (CMS) and the GCHP Pharmacy and Therapeutics (P&T) Committee.

To avoid delays or denials, providers should submit a completed prior authorization request with all necessary clinical documentation. To submit prior authorization requests for Part B drugs, you may submit it electronically on the [Provider Portal](#) (preferred) or manually by completing and faxing a [Prior Authorization Treatment Request Form](#). Claims may be delayed or denied until the required information is received to establish medical necessity. PADs that are billed on a medical claim are the responsibility of GCHP.

*NOTE: Prior authorization requests are subject to CMS-mandated turn-around-times (TATs). Standard requests will be reviewed within **72 hours** from receipt of request. Expedited requests will be reviewed within **24 hours** from receipt of request; however, a request should **ONLY** be deemed expedited if waiting the standard 72-hour TAT could jeopardize the member's life, health or ability to regain maximum function.

Total Care Advantage – Pharmacy Benefit (Part D)

Medicare Part D covers outpatient prescription drugs that are typically self-administered, including oral medications, inhalers, self-administered injectables and maintenance medications for chronic conditions. All adult vaccines recommended by ACIP are also covered under Part D.

Over-the-counter medications are NOT covered under Part D, however certain [OTC products](#) may be covered under Medi-Cal Rx. For list of covered Part D medications, refer to [GCHP TCA 2026 Formulary](#) or [myPrime website](#) (online searchable formulary).

Part D medications are dispensed through contracted retail and mail-order pharmacies, up to a 100-day supply for maintenance medications, which can be found on the [GCHP website](#) or by visiting the [myPrime website](#).

GCHP contracts with Prime Therapeutics as the Pharmacy Benefit Manager (PBM) for the Part D pharmacy benefit for Total Care Advantage members. Prime Therapeutics is responsible for processing Part D pharmacy claims, some Part B pharmacy claims, and diabetic testing supplies (DTS) and continuous glucose monitors (CGMs) billed by pharmacies.

*NOTE: these medications and supplies may be subject to [co-pays](#).

Preferred Diabetes Testing Supplies Manufacturers: <i>Abbott and Ascensia</i>	
Glucose Monitoring Systems (meter, tests strips, lancets)	Freestyle Lite Freestyle Freedom Lite Freestyle Precision Neo Freestyle Optium Neo Precision Xtra Contour Next EZ Contour Next GEN Contour Next ONE
Continuous Glucose Monitors (sensors, receiver, transmitter)	Dexcom G6 Dexcom G7 Freestyle Libre 2 PLUS Freestyle Libre 3 PLUS

ALL other brands of diabetic testing supplies / CGMs will require prior authorization submitted to Prime Therapeutics.

Medications covered by our Part D formulary that may require additional supporting documentation will require a [Prior Authorization](#); drugs not covered on the Total Care Advantage Part D Formulary will require a [Formulary Exception](#). Both prior authorizations and formulary exceptions should be submitted to Prime. All other forms can be found on the [MyPrime website](#).

Total Care Advantage: Part B Drugs / Products managed by Prime Therapeutics under Pharmacy Benefit

- Diabetic testing supplies including continuous glucose monitors (CGMs)
- Nebulizer solutions for at home use (e.g. albuterol, budesonide)
- Oral anti-nausea drugs related to cancer
- Transplant/immunosuppressive drugs

Total Care Advantage – Submitting Coverage Determination (CD) or Prior Authorization (PA) Requests

You can submit Prior Authorizations (PA) electronically using **CoverMyMeds**. For Total Care Advantage members – please use one of the two options below to ensure that the appropriate insurance information is entered:

- **Option 1:** Entering the **RxBIN 610455, RxPCN GCMAPD, RxGroup H9623** (which will take you directly to the Prime Gold Coast Health Plan Medicare Coverage Determination Form), or

Patient Insurance

[MORE INFO](#)

Enter the patient's drug insurance ID card to find the most accurate form. Alternatively, you can enter a patient's insurance plan or PBM name.

Option 1: Drug insurance ID card

Patient Insurance State
California

RxBIN **610455**

RxPCN Number **GCMAPD**

RxGroup **H9623**

- **Option 2:** When manually searching for the insurance plan or PBM name, enter “**California**” as the state, enter “**Gold Coast**” as the plan name, and selecting the “**Prime Gold Coast Health Plan Medicare Coverage Determination Form**” and not the Medi-Cal Rx Medicaid Prior Authorization Request Form (which is for Medi-Cal members only)

Option 2: Insurance plan or PBM name


Patient Insurance State
California

Plan or PBM Name
Gold coast

- » Search result will return two Forms. Select **Prime Gold Coast Health Plan Medicare Coverage Determination Form**

Select a Form

Pharmacy benefits for California Medicaid are now processed by Medi-Cal Rx. Please search for "Medi-Cal Rx" and select the Medi-Cal Rx Medicaid form.




PHARMACY BENEFIT

Prime Gold Coast Health Plan Medicare Coverage Determination Form

Prior Authorization Form for Gold Coast Health Plan Medicare Members

[More Info](#) [Start Request](#)



PHARMACY BENEFIT

Medi-Cal Rx Medicaid Prior Authorization Request Form

Prior Authorization for General Requests

[More Info](#) [Start Request](#)

- **Retain CMM Key# to follow up**

Prime Therapeutics *Member Services* can be reached directly at **1-855-681-7966**, 24/7 to assist with any questions or issues regarding pharmacy claims or prior authorizations.

For more information regarding pharmacy services, please check the [GCHP pharmacy website](#). For additional questions, the GCHP Pharmacy Team can be reached at 1-805-437-5738 or by email at Pharmacy@goldchp.org.

Medi-Cal - Medi-Cal Rx Changes to the Contract Drugs List (CDL) and Covered Products Lists

Please check the [CDL](#) for the most recent changes to the medications and other covered products lists. These updates typically occur at the beginning of every month. You may also view the Medi-Cal Rx [Drug Lookup Tool](#). This easy-to-use feature has been upgraded and now allows you to look up drugs by brand or generic name. It also lists the NDC and available dosages, any restrictions, and whether prior authorization is required. There is also a link to CoverMyMeds to submit an electronic prior authorization (ePA). For instructions on how to use this feature, [click here](#).

For more information regarding the Medi-Cal Rx, please click on the [Medi-Cal Rx Education & Outreach page](#) and look for any new updates under [Medi-Cal Rx's Bulletins & News](#) to be sure that you are up to date on the changes.

DHCS has a website for [Medi-Cal Rx](#) that contains the most accurate, up-to-date information. Please make sure to bookmark this website today and sign up for the [Medi-Cal Rx Subscription Services \(MCRxSS\)](#). The website includes an overview and background information, frequently asked questions (FAQs), [Bulletins & News](#), [Contract Drugs List \(CDL\)](#), [Medi-Cal Rx Provider Manual](#) and other helpful information.

For assistance regarding a pharmacy claim or prior authorization, please contact the Medi-Cal Rx Customer Service Center at **1-800-977-2273**. Agents are available 24 hours a day, 7 days a week, 365 days per year.

For pharmacy billing, claims will process under: **BIN 022659, PCN 6334225, Group MEDICALRX.**

For assistance regarding submitting a prior authorization or appeals for a pharmacy claim to Medi-Cal Rx, please fax to **1-800-869-4325**.

To locate a Medi-Cal Rx contracted pharmacy, please [click here](#).

Medi-Cal Rx Provider Enrollment Requirement, Effective June 26, 2026

Beginning on June 26, 2026, in order for pharmacy claims to be processed and paid, the individual prescriber (for example, doctors, nurses, etc.) on the claim must be enrolled in Medi-Cal using their Type 1 National Provider Identifier (NPI). This requirement also applies to pharmacists initiating prescriptions under their own scope of practice authority. If a provider enrollment application is not submitted and approved by June 26, 2026, pharmacy claims associated with the prescriber will be denied.

As a prescriber, confirm your enrollment as a Medi-Cal FFS provider using the [Enrolled FFS Providers](#) list on the California Health and Human Services Open Data Portal. Once on the page, scroll down to the search field on the right and enter your NPI to verify your enrollment status.

To ensure DHCS has sufficient time to process applications and validate Medi-Cal enrollment status prior to June 26, 2026, it is highly advised that prescribers who need to submit an application do so immediately via the Provider Application and Validation for Enrollment page.

For more information, please refer to [Requirement for Provider Enrollment in Medi-Cal](#).

Medi-Cal Rx ICD-10-CM Diagnosis Code Requirement on Pharmacy Claims

Effective Fall 2026, ICD-10-CM diagnosis code(s) will be required for **ALL** pharmacy claims including claims for refills. For more information, please refer to [Reminder: Include ICD-10-CM Diagnosis Codes on Pharmacy Claims](#).

For additional information, please refer to **Provider Enrollment Requirement** section and **ICD-10-CM Diagnosis Code Requirement** section on [Medi-Cal Rx Education & Outreach](#).

Medi-Cal: Medical Benefit Drugs or Physician Administered Drugs

This section serves as a reminder that Physician Administered Drugs (PADs) include all infused, injectable drugs provided or administered to a member that is billed by a provider on a medical claim by a Procedure Code (i.e. J-Code). These providers include, but are not limited to, physician offices, clinics, outpatient infusion centers, and hospitals.

GCHP maintains risk for PADs and with few exceptions these medications are not billable under the California Medi-Cal pharmacy benefit program (Medi-Cal Rx). Certain PAD drugs require prior authorization to ensure medical necessity prior to receiving the drug therapy. Any request for a PAD medication (administered at a provider's office or infusion/hospital facility) via Procedure Code (i.e. J-Code) requiring a prior authorization must be submitted as a [Prior Authorization Treatment Request Form](#) to GCHP to be considered for coverage under the medical benefit. For the most part PADs are covered under the medical benefit and billed by the provider on a medical claim to GCHP. The provider will need to purchase the drugs from their wholesaler, distributor, or manufacturer (or another internal process at their site of practice) and then administer to the member and later bill GCHP for reimbursement.

GCHP with direction from DHCS/State Medi-Cal and the Pharmacy & Therapeutics (P&T) Committee updates the Physician Administered Drugs (PAD) list quarterly. The PAD list and its clinical guidelines are posted on GCHP website, [Medical Drug Benefit for Providers](#).

SECTION 5:

Total Care Advantage Non-Contracted Providers

Providers who are contracted with Gold Coast Health Plan Medi-Cal and **not** contracted with Gold Coast Health Plan Total Care Advantage (HMO D-SNP), are required to request authorization prior to rendering services to a Total Care Advantage member unless services are listed as an exception on the [Total Care Advantage Services Requiring Prior Authorization list](#). This is on the GCHP website under For Providers > Provider Resources > Requests for Authorization:

Services Requiring Prior Authorization provides the list of services requiring prior authorization by our Health Services Department.

- **Medi-Cal Services Requiring Prior Authorization**
- **Total Care Advantage Services Requiring Prior Authorization**

To avoid delays in member care, please refer to the online **Total Care Advantage Services Requiring Prior Authorization list** to ensure you are viewing the most current information before rendering services, as the list is subject to change.

Screenshot of current online Exceptions list:

Out of Network (OON) Services	<p>Authorization required.</p> <p>Exceptions</p> <ul style="list-style-type: none"> • Family planning services (including pregnancy testing). • Sexually transmitted disease testing and treatment. • HIV testing. • Abortion services. • Emergency room services (facility and professional). • Routine hospice. 	All Codes
--------------------------------------	--	-----------

If you have any questions, please email ProviderRelations@goldchp.org.

SECTION 6:

Total Care Advantage Prior Authorization List

The new Centers for Medicare & Medicaid Services (CMS) durable medical equipment (DME) documentation and review requirements will become effective April 13, 2026. These CMS DME master updates include 15 additional [Healthcare Common Procedure Coding System](#) (HCPCS) codes with new restrictions (five orthoses, two pneumatic compression, eight oxygen use related) and seven current procedural terminology (CPT) codes added to the prior authorization required list (L0651, L1844, L1846, L1852, L1932, E0651 and E0652).

Updates to the Gold Coast Health Plan Total Care Advantage (D-SNP) Prior Authorization List will soon be posted and available on the GCHP website at https://res.cloudinary.com/dpmykpsih/raw/upload/gold-coast-site-258/media/r/9cc4359ae77c4d3c89d14d107968f65a/tca_prior_authorization_form_012026_v1p.pdf.

References:

[Federal Register - CFR Updates](#)

SECTION 7:

Medicare Outpatient Observation Notice (MOON)

Primary care providers must adopt and implement the Office of Management and Budget approved and updated Medicare Outpatient Observation Notice (MOON) (CMS-10611) no later than April 20, 2026. The new version is posted in English and Spanish on Centers for Medicare & Medicaid Services' (CMS) [BNI webpage](#).

Providers are required to deliver a MOON to Medicare beneficiaries (including health plan enrollees) informing them that they are outpatients receiving observation services and are not inpatients of a hospital or critical access hospital (CAH). For additional instructions, see Section 400, of Chapter 30 of the CMS Claims Processing Manual, available at: [/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c30.pdf](#) (PDF)

SECTION 8:

Important Message from Medicare (IM)

Gold Coast Health Plan (GCHP) advises providers that facilities must adopt and implement the Office of Management and Budget approved updated Important Message from Medicare (IM) (Centers for Medicare & Medicaid Services CMS-10065) no later than May 15, 2026. The new version is posted in English and Spanish on CMS' [BNI webpage](#).

Hospitals are required to deliver the Important Message from Medicare (IM), formerly CMS-R-193 and now CMS-10065, to all Medicare beneficiaries (Original Medicare beneficiaries and Medicare Advantage plan enrollees) who are hospital inpatients.

The IM informs hospitalized inpatient beneficiaries of their hospital discharge appeal rights. A Detailed Notice of Discharge (DND) is given only if a beneficiary requests an appeal. The DND explains the specific reasons for the discharge. For additional instructions, see Section 200, of Chapter 30 of the CMS Claims Processing Manual, available at: [/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c30.pdf](#) (PDF)

SECTION 9:

Total Care Advantage Supplemental Benefit: Hearing Aids

Gold Coast Health Plan Total Care Advantage (HMO D-SNP) covers hearing aid services offered by TruHearing. Contact TruHearing for additional information or refer members who may need hearing screening and/or hearing aids to TruHearing at 1-833-723-3311 (TTY: 711).

SECTION 10:

Total Care Advantage Authorization and Claims Submission: Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BIPAP)

Please note the following authorization and claims payment requirements related to **Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BIPAP)** for Gold Coast Health Plan Total Care Advantage Plan (HMO D-SNP).

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements.

Request for payment for **CPAP - E0601 or BIPAP - E0470-E0472 (and accessories)**, must be billed with a **KX modifier** when criteria in the “Coverage Indications, Limitations, and/or Medical Necessity” section of the related LCD (Initial Coverage) have been met.

- Authorization is required for CPAP and BIPAP devices
- GCHP pays the supplier capped rental for 13 months as long as the member has been using it without interruption.
- After 13 months of capped rental or when purchase price is met, the member will own the device.

For beneficiaries who received a **CPAP or BIPAP** device prior to enrollment in fee for service (FFS) Medicare and are seeking Medicare coverage of either rental of the device, a replacement device or accessories, the supplier may add the **KX modifier** only if both of the criteria listed in the Coverage Indications, Limitations, and/or Medical Necessity for Beneficiaries Entering Medicare section of the related LCD have been met.

The supplier may hold claims, pending confirmation that the above requirements are met, and then submit claims with the **KX modifier** beginning with the date of FFS Medicare enrollment.

Resources:

[Social Security Act §1862\(a\)\(1\)\(A\) provisions \(i.e. “reasonable and necessary”\)](#)
[Total Care Advantage \(D-SNP\) Prior Authorization List](#)

SECTION 11:

Timely Access Standards and Methods to Improve Member Access

The state Department of Health Care Services (DHCS) requires access and availability standards for Medi-Cal providers. Gold Coast Health Plan (GCHP) maintains quality care for our members, which includes monitoring access and availability within the network and ensuring that contracted providers comply with access standards.

Please review the table below as a reminder for your practice's scheduling staff and ensure the standards are being incorporated in your clinic workflow. Make note of the in-office wait times for scheduled appointments.

Type of Care	Wait Time
Emergency Services	Immediately.
Urgent Care	Within 48 hours for services that do not require prior authorization. Within 96 hours for services that do require prior authorization.
Non-Urgent Primary Care Appointment	Within 10 business days of request for appointment.
Non-Urgent Behavioral Health Appointment	Within 10 business days of request for appointment.
Non-Urgent Specialty Care Appointment	Within 15 business days of request for appointment.
Phone Wait Time	Within three to five minutes, whenever possible.
Ancillary Services for Diagnosis or Treatment	Within 15 business days of request for appointment.
Initial Health Appointment (IHA)	Within 120 calendar days from enrollment.
Waiting Time in Office	Not to exceed 45 minutes after the time of appointment.
Sensitive Services	Ensure confidentiality and ready access to sensitive services in a timely manner and without barriers – NO AUTHORIZATION REQUIRED.
Long-Term Care (LTC) Availability	Within seven business days of request.

The following methods can be used to improve member access and availability:

- Have appointment availability with other contracted, in-area, providers within the same office or different location.
- Have appointment availability with other contracted, in-area, mid-level practitioners, such as a physician assistant or nurse practitioner, within the same office or different location.
- Have weekend appointment availability.
- Have telehealth appointment availability.
- Have cancelled appointment availability.

Email GCHP's Provider Relations Team with any questions or concerns you may have, at ProviderRelations@goldchp.org.

SECTION 12:

Affirmative Statement About Utilization Management (UM)

Gold Coast Health Plan's (GCHP) mission is "To improve the health of our members through the provision of high-quality care and services." GCHP supports this mission through its vision statement, "Compassionate care, accessible to all, for a healthy community." GCHP staff involved in Utilization Management (UM) decision making understands the affirmation statement about UM incentives as follows:

- UM decision making is based only on appropriateness of care and services and existence of coverage.
- GCHP does not specifically reward practitioners or other individuals for issuing denials of coverage or care.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization.
- GCHP does not use incentives to encourage barriers to care and service
- GCHP does not make hiring, promotion or termination decisions based upon the likelihood or perceived likelihood that an individual will support or tend to support the denial of benefits.

SECTION 13:

Gold Coast Health Plan (GCHP) Medi-Cal Hearing Aid Coverage

Gold Coast Health Plan (GCHP) covers hearing aids supplied by a hearing aid dispenser on the prescription of an otolaryngologist, or the attending physician (in consultation with the evaluating otolaryngologist, if possible) when no otolaryngologist is available in the community. An audiological evaluation, including a hearing aid evaluation performed by, or under the supervision of, the above prescribing physician, or by a licensed audiologist, is required.

Children younger than 21 years of age must be referred to Children California Children's Services (CCS).

For members who do not qualify for audiology services under Medi-Cal, the evaluation by an audiologist is performed at the member's expense.

The state Department of Health Care Services ([DHCS Medi-Cal Guidelines](#)).

SECTION 14:

Increase Colorectal Cancer Screenings with Home Test Kits

According to the Colorectal Cancer Alliance, colorectal cancer remains the second leading cause of cancer-related deaths in the United States, yet it is one of the most preventable.

- It is no longer a disease that affects older adults. Due to the rise in colorectal cancer among younger adults, the United States Preventive Services Task Force (USPSTF) lowered the recommended screening age from 50 to 45.
- Data from [Cancer Statistics 2023](#) shows that colorectal cancer became the deadliest cancer in men under age 50.
- Colorectal cancer is the third most common cancer in African Americans.
- Patients with a lower economic status of any race are at higher risk for undertreatment and treatment delay.

For Gold Coast Health Plan's (GCHP) Medi-Cal population, the preliminary measurement year (MY) 2025 rate for the Colorectal Cancer Screening (COL-E) measure shows only 42.44% of adults aged 45 to 75 received a colorectal cancer screening. Starting in 2026, GCHP will be reporting COL-E rates for both the Medi-Cal and Total Care Advantage Dual Eligible Special Needs Plan (D-SNP) populations.

Engaging patients to complete this screening is critical for prevention, early detection, and treatment. While colonoscopy is the gold standard, offering non-invasive home tests, such as the fecal occult blood test (FOBT) or the stool DNA-fecal immunochemical test (sDNA-FIT), where samples are collected at home and sent to a lab, can significantly increase colorectal cancer screening adherence among eligible patients who might decline or delay a colonoscopy. These home collection tests may help overcome access barriers, increase screening rates, and improve health outcomes.

To help providers increase colorectal cancer screening rates, the [American Cancer Society's National Colorectal Cancer Roundtable](#) created a manual that provides evidence-based and expert-endorsed recommendations for planning and implementing strategies in primary care practices. The manual includes guidance on:

- Implementing an office screening strategy
- Educating patients on appropriate screenings
- Tracking timely completion and follow-up
- Improving care coordination
- Examples of successful programs

If you would like more information about colorectal cancer screening, please contact the Quality Improvement Department at QualityImprovement@goldchp.org.

SECTION 15:

Prenatal and Postpartum Depression Screening Recommendations and Referral Process

The American College of Obstetricians and Gynecologists (ACOG) recommends that all women are screened for depression and anxiety at least once during pregnancy and the postpartum period. The California Department of Public Health (CDPH) reported that 14.1% of women experience symptoms of depression during pregnancy and 13.5% experience symptoms after delivery.

Gold Coast Health Plan (GCHP) monitors and reports the National Committee for Quality Assurance (NCQA) performance measures: prenatal depression screening (PND-E) and postpartum depression screening (PDS-E).

- Prenatal depression screening (PND-E): Measures the percentage of members with deliveries who were screened for clinical depression during pregnancy using an age-appropriate standardized screening instrument while pregnant.
- Postpartum depression screening (PDS-E): Measures the percentage of members who were screened for clinical depression using an age-appropriate standardized instrument during the postpartum period (7-84 days following the date of delivery).

Talking to your patient about mental health and screening

According to the American College of Obstetricians and gynecologists (ACOG), patients are often reluctant to discuss mental health conditions for many reasons including stigma. It is important to use an empowering approach that emphasizes:

- Mood changes are common during pregnancy and after giving birth
- They are medical conditions, like diabetes, that need to be treated
- They are treatable
- The practice screens every woman in pregnancy and the postpartum period
- The practice cares for the whole woman

Screening Tools

The following standard assessment instruments are eligible screening instruments with thresholds for positive findings:

Standardized Instrument	Age < 17	Age 18+	Positive Finding	LOINC Code
Patient Health Questionnaire Modified for Teens (PHQ-9M)	X		Total Score > 10	89204-2
Patient Health Questionnaire (PHQ-9)	X	X	Total Score > 10	44261-6
Patient Health Questionnaire-2 (PHQ-2)	X	X	Total Score > 3	55758-7
Beck Depression Inventory-Fast Screen (BDI-FS)	X	X	Total Score > 8	89208-3
Center for Epidemiologic Studies Depression Scale – Revised (CESD-R)	X	X	Total Score > 17	89205-9

Standardized Instrument	Age < 17	Age 18+	Positive Finding	LOINC Code
Edinburgh Postnatal Depression Scale (ESDS)	X	X	Total Score > 10	99046-5
PROMIS Depression	X	X	Total Score > 60	71965-8
Beck Depression Inventory (BDI-II)		X	Total Score > 20	89209-1
Duke Anxiety-Depression Scale (DUKE-AD)		X	Total Score > 30	90853-3
My Mood Disorder (M-3)		X	Total Score > 5	71777-7
Clinically Useful Depression Outcome Scale (CUDOS)		X	Total Score > 31	90221-3
PROMIS Emotional Distress Depression Short Form		X	Total Score > 60	77861-3

Follow-up on Positive Screens and Referral Sources

If you have a patient who screens positive on a standardized depression screening instrument, they should receive follow-up and be referred to behavioral health support services. It is recommended that patients in the pregnancy phase receive follow-up within 30 days of a positive depression screening and patients in the postpartum phase receive follow-up care within 31 days of a positive depression screening.

GCHP members can be referred to Ventura County Public Health (VCPH) or Caredon for behavioral health support services.

- Visit the GCHP website, [Health and Wellness Services](#) page, to learn about behavioral health service options and protocols for GCHP member.
- To refer patients to Caredon Behavioral Health, use this referral form: [Primary Care Provider Referral Form](#)
- This brochure gives insight when to refer to VCPH or Caredon: [Taking Care of Your Mental Health: A Guide to Support](#)
- This flyer gives insight into Caredon, their services, and how to access them: [Mental Health Care Services](#)
- Connect members to the GCHP Health Education Department for mental health support including available programs and community resources to promote emotional well-being. To refer, send an email to HealthEducation@goldchp.org.

SECTION 16:

Cultural and Linguistic Services: Ensuring Equitable Access for Members

Gold Coast Health Plan (GCHP) is committed to ensuring that members receive high-quality care in their preferred language. Clear communication is the foundation of clinical safety and effective health outcomes. We recognize that bridging cultural and linguistic gaps is essential for providing meaningful access to services and fostering trust between you and your patients. GCHP provides comprehensive linguistic support at no cost to members and your practice.

Language Access

To assist your practice and ensure compliance with state and federal regulations, GCHP provides comprehensive language access services to meet the linguistic needs of our members:

- **Telephonic Interpreting:** Immediate, 24/7 access to qualified interpreters in over 240 languages.
- **On-Site Interpretation:** Written and oral interpreters available for medical or behavioral related appointments (requires advance notice).
- **Sign Language Interpreting:** Services dedicated to supporting deaf and hard-of-hearing members (requires advance notice).
- **Alternative Formats & Auxiliary Aids:** Provision of materials in Braille, audio, large print (no less than 20-point Arial font), and accessible electronic formats, along with other auxiliary aids for individuals with disabilities.

Provider Tools and Resources

- Quick Reference Guide on How to Access a Telephonic Interpreter
 - » [For GCHP Medical Providers and Staff](#)
 - » [For Behavioral Health Providers](#) (Carelton Behavioral Health)
- [Point Chart](#) (visual tool to help identify patient's preferred language at point of care)
- [Notice of Availability of Language Assistance Services and Auxiliary Aids and Services](#)
- [Nondiscrimination Notice](#)

Provider Responsibilities

- **Identify language needs:** Document the patient's preferred language in their medical record.
- **Avoid using minors as interpreters:** To ensure accuracy and confidentiality, please use professional interpreters rather than a patient's family members or friends, especially children. If member declines a professional interpreter, it should be noted in the medical chart.
- **Cultural competency:** We encourage staff to participate in cultural competency training to better understand the diverse backgrounds of our Ventura County community.

By utilizing these services, you help eliminate health disparities and ensure that every GCHP member feels heard and understood.

To access GCHP's Language Assistance Services, contact GCHP's Cultural and Linguistic Services Department at 1-805-437-5961, Monday through Friday 8 a.m. to 5 p.m., (except holidays). You can also email CulturalLinguistics@goldchp.org. Providers may download the GCHP Language Assistance and Auxiliary Services Request Form. Click here for [English](#) or [Spanish](#) or visit the GCHP website, [Provider Resources](#) page.

SECTION 17:

Health Education

Nutrition Resources

Nutrition is always a topic of interest. From parents trying to find healthy and creative meals and snacks for their children, to adults trying to manage their chronic conditions or lose weight. Gold Coast Health Plan (GCHP) offers many health education opportunities for members to learn about nutrition. Providers can refer members to receive resource booklets on nutrition or join a health education workshop. Providers can also request a health education workshop on nutrition to be hosted at their clinic sites. For more information email GCHP's Health Education Department at HealthEducation@goldchp.org.

Other Nutrition Resources

- [California Department of Public Health – MyPlate Resources \(English and Spanish\)](#)
- Families Grow Healthy with WIC! Flyer ([English](#) | [Spanish](#))
- [U.S Department of Agriculture - MyPlate webpage](#)
- [Ventura County Health Care Agency \(VCHCA\) Women, Infants and Children \(WIC\) Information](#)
- [Women, Infants, and Children \(WIC\)](#)
 - » [Food Pantries](#)

Mental Health Awareness Month

May is Mental Health Awareness Month, a chance to help reduce stigma, encourage early intervention, and foster support for those living with mental health challenges. GCHP provides mental health services to members in collaboration with our Mental Health Provider Carelon. Members can self-refer to [mental health services](#).

Assist member in finding a [mental health provider](#).

GCHP Health Education offers a [Chronic Disease Self-Management Program](#) (CDSMP) that helps members with any chronic condition live a healthier life and manage their conditions while navigating everyday tasks. This includes but is not limited to conditions like depression and anxiety. Provider can refer members or members can self-refer to CDSMP. For more information email: HealthEducation@goldchp.org.

Get Your Patients Connected to Doula Services

Doula services are a covered Medi-Cal benefit for pregnant and postpartum members. As a provider, you play a key role in ensuring members are connected to these services early on. Doulas will help improve maternal and infant outcomes in a culturally responsive and patient-centered way. Refer GCHP members and collaborate with doulas as part of routine comprehensive perinatal care. No authorization is needed. You can help your patients **find a doula** on our GCHP website:

1. Go to [Find a Doctor](#).
2. Select your member plan: **Medi-Cal**.
3. Under **Specialty**, choose **Doulas** and search.

If you have any additional questions about doula services, call GCHP's Health Education Department at **1-805-437-5961**, Monday through Friday, 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**.

Asthma

May is National Asthma and Allergy Awareness Month a time to raise awareness, address misinformation, and highlight resources that empower our members to manage their health. Effective asthma management requires ongoing provider engagement to ensure patients are using their medication correctly, adhering to their asthma action plan, and avoiding triggers.

Providers play a critical role in identifying high risk members and connect them to additional support such as the Asthma Remediation Program. To refer members, complete and submit the [Asthma Remediation Member Referral Form](#).

The following **Asthma resources** are available in English and Spanish to support patient education and self-management:

- Asthma Action Plan ([English and Spanish](#))
- Asthma: Take Control of Your Breathing ([English](#) and [Spanish](#))
- American Lung Association ([English](#) and [Spanish](#))
- Health Library Resources ([English and Spanish](#))

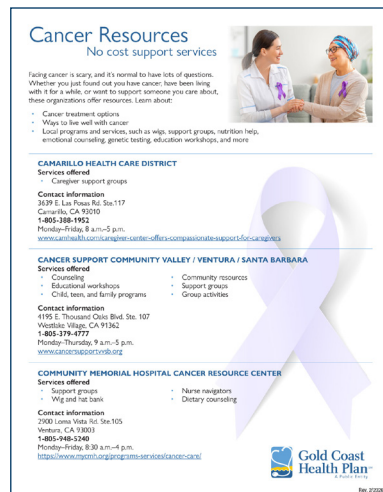
Cancer Resources

Cancer resources are provided to our members at no cost. As we celebrate year-round cancer awareness in our community, we are happy to announce GCHP has released a [NEW Cancer Resource flyer](#). Providers can share this valuable resource with GCHP members to assist with navigating supportive assistance through their cancer journey. Find local cancer centers and their services free of charge:

- Support groups
- Nutrition specialist
- Wig and hat bank
- Nurse navigators
- Emotional counseling
- Caregiver support groups, and more

For additional related information and other resources please visit our website under Health Education Resources - [Cancer Support Resources](#).

You can also find the Cancer Resources flyer ([English](#) | [Spanish](#))



Cancer Resources
No cost support services

Facing cancer is scary, and it's normal to have lots of questions. Whether you just found out you have cancer, have been living with it for a while, or want to support someone you care about, these organizations offer resources. Learn about:

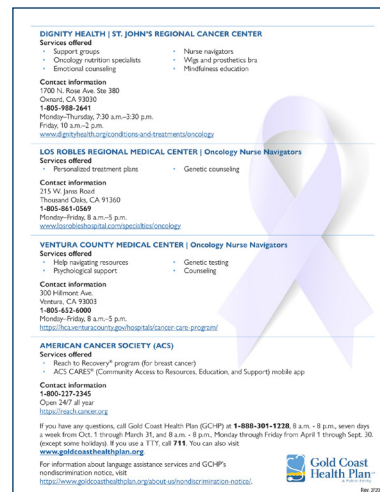
- Cancer treatment options
- Wigs to live well with cancer
- Local programs and services, such as wigs, support groups, nutrition help, emotional counseling, genetic testing, education workshops, and more

CAMARILLO HEALTH CARE DISTRICT
Services offered
• Caregiver support groups
Contact information
3137 E. Las Flores Rd. Ste.117
Camarillo, CA 93010
1-805-388-1952
Monday-Friday, 8 a.m.-5 p.m.
www.camhealth.com/cancer-care-center-offers-compassionate-support-for-cancersites

CANCER SUPPORT COMMUNITY VALLEY / VENTURA / SANTA BARBARA
Services offered
• Counseling
• Educational workshops
• Child, teen, and family programs
• Group activities
• Community resources
• Support groups
• Group activities
Contact information
4195 E. Thousand Oaks Blvd. Ste. 107
Venture, CA 93142
1-805-379-4777
Monday-Thursday, 9 a.m.-5 p.m.
www.cancersupport.org

COMMUNITY MEMORIAL HOSPITAL CANCER RESOURCE CENTER
Services offered
• Support groups
• Wig and hat bank
• Nurse navigators
• Dietary counseling
Contact information
7050 Lewis Vista, Ste. 105
Ventura, CA 93003
1-805-988-5246
Monday-Friday, 8:30 a.m.-4 p.m.
<http://www.communityhospital.org/programs-services/cancer-care/>

Gold Coast Health Plan
Member Since 2012



DIGNITY HEALTH | ST. JOHN'S REGIONAL CANCER CENTER
Services offered
• Support groups
• Oncology nutrition specialists
• Emotional counseling
• Nurse navigators
• Wig and prosthetics bra
• Mindfulness education
Contact information
1700 N. Rose Ave. Ste. 380
Oxnard, CA 93030
1-805-988-2641
Monday-Thursday, 7:30 a.m.-3:30 p.m.
Friday, 10 a.m.-2 p.m.
www.stjohnshospital.com/conditions-and-treatments/oncology

LOS ROBLES REGIONAL MEDICAL CENTER | Oncology Nurse Navigators
Services offered
• Personalized treatment plans
• Genetic counseling
Contact information
215 W. Janss Road
Thousand Oaks, CA 91300
1-805-841-0569
Monday-Friday, 8 a.m.-5 p.m.
www.losrobleshospital.com/specialty/oncology

VENTURA COUNTY MEDICAL CENTER | Oncology Nurse Navigators
Services offered
• Help navigating resources
• Psychological support
• Genetic testing
• Counseling
Contact information
300 Hillwood Ave.
Ventura, CA 93003
1-805-632-6000
Monday-Friday, 8 a.m.-5 p.m.
<http://www.hca.com/locations/ventura-hospital/cancer-care-program/>

AMERICAN CANCER SOCIETY (ACS)
Services offered
• Reach to Recovery® program (for breast cancer)
• ACS CARES® (Community Access to Resources, Education, and Support) mobile app
Contact information
1-800-273-2345
Open 24/7 all year
<https://www.cancer.org>

If you have any questions, call Gold Coast Health Plan (GCHP) at 1-888-301-1228. 8 a.m. - 8 p.m., seven days a week from Oct. 1 through March 31, and 8 a.m. - 8 p.m., Monday through Friday from April 1 through Sept. 30. Except some holidays. If you use a TTY, call 711. You can also visit www.goldcoasthealthplan.org

For information about language assistance services and GCHP's nondiscrimination notice, visit <https://www.goldcoasthealthplan.org/about-us/nondiscrimination-notice>.

Gold Coast Health Plan
Member Since 2012

SECTION 18:

California Child and Adolescent Mental Health Access Portal (Cal-MAP): Free Behavioral Health Support for Primary Care Providers

California Child and Adolescent Mental Health Access Portal (Cal-MAP) was developed by the state Department of Health Care Services (DHCS) and supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) to provide early intervention for behavioral health disorders for youth in California. Cal-MAP aims to facilitate more timely, equitable access to high-quality, culturally attuned youth mental health care via access to same-day provider-to-provider behavioral health consultations, on-demand educational trainings, and resources for addressing mental health concerns for physicians serving patients ages 0-25.

This is an extension of the CalHOPE program powered by University of California, San Francisco (UCSF) and funded through the Children and Youth Behavioral Health Initiative (CYBHI) to assist primary care clinicians with the significantly increased need for pediatric and adolescent mental health services.

Services Provided by Cal-MAP:

- Real-time clinical consultations. Providers can directly connect with mental health professionals for guidance on screening, diagnosis, medication, and treatment planning. Consultations are available **Monday through Friday, 8:30 a.m. to 5 p.m.**, via phone (800-253-2103) or virtual consult.
 - » Consultation specialties include:
 - › ADHD
 - › Anxiety and depression
 - › Autism
 - › Eating disorders
 - › Education and school support
 - › Substance use
 - › Suicide and safety
 - › Trauma and stress
- **Provider Resources Provided by Cal-MAP:** https://cal-map.org/s/resources/provider-resources?language=en_US
 - » Universal screening tools
 - » Trauma screening tools
 - » Depression screening tools
 - » Substance use screening tools
 - » ADHD screening tools:
 - » Provider tipsheets
 - » Evidence-based treatment guidelines

- **Family Resources Provided by Cal-MAP:** https://cal-map.org/s/resources/family-resources?language=en_US
 - » Handouts
 - » Online resources
 - » Screening tools
 - » Crisis resources
- **School Resources Provided by Cal-MAP:** https://cal-map.org/s/resources/school-resources?language=en_US
 - » Handouts and templates
 - » Check-in/check-out plan
 - » HIPPA/FERPA consent template
 - » Sample school evaluation request letter
 - » Single-session consultation (SSC) script, handout, and video
- **Training and Education:** https://cal-map.org/s/trainings?language=en_US
 - » Cal-MAP offers free education services on mental and behavioral health for primary care providers, behavioral health clinicians, and school-based staff.
 - › Live webinars
 - › Interactive virtual training
 - › Recordings of previous webinars and training
 - › Ability to participate in a six-hour curriculum to earn the Cal-MAP Core certification on the fundamentals of pediatric mental health

How to Access Cal-MAP Services:

- Phone: **1-800-253-2103, Monday through Friday 8:30 a.m. to 5 p.m.**
- Online: Request consultations and access resources through the Cal-MAP portal.
- https://cal-map.org/s/?language=en_US

SECTION 19:

New DHCS-Approved Youth Trauma Screening Tools

The state Department of Health Care Services (DHCS) has approved specific youth trauma screening tools to help providers determine whether members under the age of 21 meet access criteria for Specialty Mental Health Services (SMHS). Members may meet access criteria through a variety of pathways.

Effective April 1, 2026, if a provider determines that a youth trauma screening is needed as part of assessing eligibility for SMHS, only the DHCS-approved youth trauma screening tools listed below should be used.

If trauma is identified during a clinical assessment of a member under 21 years of age, providers may use their clinical judgement to decide whether:

1. Additional assessment is needed, and/or
2. The member meets criteria for SMHS.

Below are the youth trauma screening tools that providers should use in assessments:

DHCS-Approved Youth Trauma Screening Tools

1. Adverse Childhood Experience (ACEs) Questionnaireⁱ
2. Standard Child and Adolescent Needs and Strength (CANS) Trauma Module (also referred to as the National Child Traumatic Stress Network CANS – Trauma Comprehensive)ⁱⁱ
3. California Integrated Practice-Child and Adolescent Needs and Strengths (IP-CANS) toolⁱⁱⁱ
4. Child and Adolescent Trauma Screen (CATS)^{iv}
5. Child Post-Traumatic Stress Disorder (PTSD) Symptom Scale for DSM 5– six-item screening version (CPSS – 5 – Screen)^v
6. Child Trauma Screening (CTS)^{vi}
7. Life Events Checklist for DSM – V Standard Version (LEC – 5)^{vii}
8. Pediatric ACEs and Related Life-Events Screener (PEARLS), including parent-caregiver report and self-report versions^{viii}
9. UCLA Child/Adolescent PTSD Reaction Index for DSM-5 Brief Form (UCLA PTSD RI-5 BF)^{ix}

Resources:

[APL 26-002](#)
[Attachment A](#)

-
- i. The ACEs questionnaire is available at: <https://www.acesaware.org/learn-about-screening/screening-tools/screening-tools-additional-languages/>
 - ii. The CANS trauma module is available at: https://praedfoundation.org/wp-content/uploads/2023/04/REFERENCE-GUIDE_Standard-Comprehensive-CANS-3.0_CWBH_Final_Hyperlink_2021.01.13.pdf.

- iii. The CA IP-CANS rating sheet is available at: https://www.cdss.ca.gov/Portals/9/ISU/CANS/CA_CANS_IP%20Rating%20Sheet_1.0_CW_ENGLISH.pdf; The CA-IP CANS guide is available at: <https://cdss.ca.gov/Portals/9/ISU/CANS/ca-ipcans-guide-hyperlinked.pdf>
- iv. The CATS is available at: <https://depts.washington.edu/uwhatc/wp-content/uploads/2022/07/Child-and-Adolescent-Trauma-Screen-CATS-Youth-Self-Report-7-17-years.pdf>
- v. The CPSS-5-screen is described at: <https://www.tandfonline.com/doi/full/10.1080/15374416.2017.1350962>
- vi. The CTS is available at: <https://www.chdi.org/our-work/trauma-informed-initiatives/ct-trauma-screen-cts/>
- vii. The LEC-5 is available at: https://www.ptsd.va.gov/professional/assessment/documents/LEC5_Standard_Self-report.pdf
- viii. The PEARLS is available at: <https://www.acesaware.org/learn-about-screening/screening-tools/>
- ix. The UCLA PTSD RI-5 BF is described at: <https://escholarship.org/content/qt0xf2998r/qt0xf2998r.pdf?t=rrnq7v>



**Gold Coast
Health Plan**SM
A Public Entity

Provider Operations Bulletin

APRIL 2026

For additional information, contact
Customer Service at 1-888-301-1228.

Gold Coast Health Plan
711 East Daily Drive, Suite 106, Camarillo, CA 93010
www.goldcoasthealthplan.org