



IEHP UM Subcommittee Approved Authorization Guideline			
<b>Guideline</b>	Sobering Centers	<b>Guideline #</b>	UM_CSS 09
		<b>Original Effective Date</b>	1/1/2022
<b>Section</b>	Community Support Services	<b>Revision Date</b>	

## COVERAGE POLICY

- A. Sobering centers are alternative destinations for individuals who are found to be publicly intoxicated (due to alcohol and/or other drugs) and would otherwise be transported to the emergency department or jail.
- B. Sobering centers provide services such as medical triage, lab testing, a temporary bed, rehydration and food service, treatment for nausea, wound and dressing changes, shower and laundry facilities, substance use education and counseling, navigation and warm hand-offs for additional substance use services or other necessary health care services and homeless care support services.
- C. IEHP Members must meet the following to be eligible for Sobering Centers:
  1. Members age 18 and older who are intoxicated but conscious, cooperative, able to walk, nonviolent, free from any medical distress (including life threatening withdrawal symptoms or apparent underlying symptoms) and who would otherwise be transported to the Emergency Department (ED) or a jail or who presented to an ED and are appropriate for diversion to a Sobering Center.
  2. Active IEHP Membership, excluding those Members for which IEHP is not at risk for the entire medical and care management benefits (e.g., Kaiser Members. These services will be provided by Kaiser for Kaiser Members).
- D. Identifying and referring Members for community support services – Sobering Centers
  1. IEHP Members who may benefit from Sobering Center services are identified and referred from sources including but not limited to:
    - a. County agencies
    - b. Law enforcement partners
    - c. Network Providers
    - d. Internal IEHP departments and team members, including the enhanced care management (ECM) team
    - e. IEHP-contracted housing partners, e.g., tenancy and Intensive case management services (ICMS) providers
    - f. Community-based organizations
    - g. IEHP Member self-referral.
  2. For referrals made by internal IEHP departments, the team member will create a program referral in the medical management information system (MHK) and route the program referral to the behavioral health & care management (BH&CM) dispatch team.

3. When utilizing a Sobering Center, direct coordination with the county behavioral health agency is required and warm hand-offs for additional behavioral health services are strongly encouraged.
4. This service also includes screening and linkage to ongoing supportive services such as follow-up mental health and substance use disorder treatment and housing options, as appropriate.
5. Note: For any non-ECM enrolled Member referred to community support services, the BH & CM dispatch team will need to assess Member for ECM eligibility and facilitate the handoff to the ECM team.
6. Members must verbally consent to receiving community support services and once services are authorized, IEHP and the contracted community support service provider's will adhere to a "closed-loop" referral system, which will include following up with the Member to ensure that services were received.

**E. Presumptive Authorization**

1. Sobering Center services may necessitate an authorization decision being made within 24 hours or less. For example, a Member may require an authorization for a 24-hour sobering center stay in lieu of an ED visit.
2. If a community support services provider believes that the IEHP Member meets eligibility criteria for a Sobering Center and the need for the service occurs outside of normal IEHP business hours, the referring provider can notify IEHP the next business day. The referring provider can consider the Member pre-authorized for Sobering Center services for a period of less than 24 hours immediately and begin providing services to the Member.

**COVERAGE LIMITATIONS AND EXCLUSIONS**

- A. This service is covered for a duration of less than 24 hours
- B. Individuals may not be receiving duplicative support from other State, local or federally funded programs, which should always be considered first, before using Medi-Cal funding

**ADDITIONAL INFORMATION**

N/A

**CLINICAL/REGULATORY RESOURCE**

California Advancing and Innovating Medi-Cal Proposal (CalAIM) is an initiative by the Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of Medi-Cal beneficiaries. A key feature of CalAIM is the introduction of a menu of In Lieu of Services (ILOS), medically appropriate and cost-effective alternatives to services covered under the State Plan. Federal regulation allows states to permit Medicaid managed care organizations to offer ILOS as an option to Members (Code of Federal Regulations).

**DEFINITION OF TERMS**

Intoxication – the condition of having physical or mental control markedly diminished by the effects of alcohol or drugs.

**REFERENCES**

State of California-Health and Human Services Agency, Department of Health Care Services, 2021. Medi-Cal In Lieu of Services (ILOS) Policy Guide, III. In Lieu of Services-Service

Definitions.

### **DISCLAIMER**

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