



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>	6/11/2025
		<b>Committee Approval Date</b>	7/21/2025
		<b>Effective Date</b>	8/1/2025

## 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. Sobering centers provide these Members, primarily those who are homeless or those with unstable living situations, with a safe, supportive environment to become sober.
- 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. Eligibility requirements for Sobering Centers:
  1. This service is available to 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 to be diverted to a Sobering Center.
  2. Active IEHP Membership.
  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. This service requires partnership with law enforcement, emergency personnel and outreach teams to identify and divert individuals to Sobering Centers. Sobering centers must be prepared to identify Members with emergent physical health conditions and arrange transport to a hospital or appropriate source of medical care.
  6. The services provided should utilize best practices for Members who are experiencing homelessness and who have complex health and/or behavioral health conditions including Housing First, Harm Reduction, Progressive Engagement, Motivational Interviewing, and Trauma-Informed Care.

D. Authorizations: Contracted Providers can bill without authorization.

## **COVERAGE LIMITATIONS AND EXCLUSIONS**

- A. This service is covered for a duration of less than 24 hours
- B. Community supports shall supplement and not supplant services received by the Medi-Cal Member through other State, local, or federally funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance.

## **ADDITIONAL INFORMATION**

Providers must have experience and expertise with providing these unique services with these unique populations. The list provided is an example of the types of providers Medi-Cal managed care plans may choose to contract with, but it is not an exhaustive list of providers who may offer the services.

- A. Sobering Centers, or other appropriate and allowable substance use disorder facilities. Medical-Cal managed care plans should consult with county behavioral health agencies to ensure these facilities can offer an appropriate standard of care and properly coordinate follow up access to substance use disorder services and other behavioral health services.
- B. These facilities are unlicensed. Medi-Cal managed care plans must apply minimum standards, subject to review and approval by DHCS, to ensure adequate experience and acceptable quality of care standards are maintained. Medi-Cal managed care plans shall monitor the provision of all the services included above.
- C. All allowable providers must be approved by the managed care organization to ensure adequate experience and appropriate quality of care standards are maintained.

## **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 by implementing broad delivery system, programmatic, and payment system reforms. A key feature of CalAIM is the introduction of a menu of Community Supports, that offer 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 Community Supports 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, April 2025. Medi-Cal Community Supports, or In Lieu of Services (ILOS), Policy Guide. Community Supports -Service Definitions.

## **DISCLAIMER**

IEHP Clinical Authorization Guidelines (CAG) are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. The Clinical Authorization Guidelines (CAG) express IEHP's determination of whether certain services or supplies are medically necessary, experimental and investigational, or cosmetic. IEHP has reached these conclusions based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). IEHP makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in the Clinical Authorization Guidelines (CAG). IEHP expressly and solely reserves the right to revise the Clinical Authorization Guidelines (CAG), as clinical information changes.