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Department of Health Care Services



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DATE: January 11, 2018

ALL PLAN LETTER 18-001
SUPERSEDES ALL PLAN LETTER 14-005

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: VOLUNTARY INPATIENT DETOXIFICATION

PURPOSE:

The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with clarification regarding voluntary inpatient detoxification (VID) services, which are a Medi-Cal covered benefit that is available to MCP members through the Medi-Cal fee-for-service (FFS) program. Members who meet medical necessity criteria may receive VID services in a general acute care hospital as specified in this APL and in Medi-Cal Provider Bulletin 473.¹

BACKGROUND:

Pursuant to Senate Bill (SB) X1-1 (Chapter 4, Statutes of 2013), DHCS, consistent with Section 1302(b) of the Affordable Care Act, established VID services as a Medi-Cal benefit. VID services are carved-out (non-capitated) of the managed care contracts and covered through the Medi-Cal FFS program. Inpatient detoxification must be the primary reason for the member's voluntary inpatient admission.

POLICY:

Medical criteria for inpatient admission for VID must include one or more of the following:

1. Delirium tremens, with any combination of the following clinical manifestations with cessation or reduced intake of alcohol/sedative:
 - Hallucinations
 - Disorientation
 - Tachycardia
 - Hypertension
 - Fever
 - Agitation
 - Diaphoresis

¹ Medi-Cal Provider Bulletin 473 is available at:
<http://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/ips201402.asp>.

2. Clinical Institute Withdrawal Assessment Scale for Alcohol, revised (CIWA-Ar) form score greater than 15.
3. Alcohol/sedative withdrawal with CIWA score greater than 8 and one or more of the following high-risk factors:
 - Multiple substance abuse
 - History of delirium tremens
 - Unable to receive the necessary medical assessment, monitoring, and treatment in a setting with a lower level of care
 - Medical co-morbidities that make detoxification in an outpatient setting unsafe
 - History of failed outpatient treatment
 - Psychiatric co-morbidities
 - Pregnancy
 - History of seizure disorder or withdrawal seizures
4. Complications of opioid withdrawal that cannot be adequately managed in the outpatient setting due to the following factors:
 - Persistent vomiting and diarrhea from opioid withdrawal
 - Dehydration and electrolyte imbalance that cannot be managed in a setting with a lower level of care

When an MCP is aware of a member who is presenting in a general acute care hospital for VID services who does not meet the medical necessity criteria above after clinical evaluation by a physician, the MCP should refer the member to the county's behavioral health department for referral to other medically necessary substance use disorder (SUD) treatment services. MCPs must provide care coordination to ensure members receive appropriate referrals to available county services.^{2,3}

Detoxification of cannabinoids, stimulants, or hallucinogens alone does not require an inpatient level of medical intervention; however, multiple substance abuse with components of alcohol, opiates, or sedatives may be considered for inpatient admission.

² SUD treatment services may vary by county depending on whether or not the county is participating in the Drug Medi-Cal Organized Delivery System (DMC-ODS) Pilot Program. A list of the DMC-ODS participating counties, member access phone numbers, and information on medically monitored and managed detoxification withdrawal management and residential treatment services are available at: <http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx>.

³ For counties that are not participating in the DMC-ODS Pilot Program, SUD services can be accessed through the county's behavioral health or alcohol and drug program. A directory of county contact information can be found at: <http://www.dhcs.ca.gov/provgovpart/Pages/SUD-Directories.aspx>.

To receive VID services, MCPs must refer members to VID service providers in general acute care hospitals. The VID provider facility must not be a Chemical Dependency Treatment Facility or an Institution for Mental Disease. The VID service provider must submit a Treatment Authorization Request (TAR) to local Medi-Cal field offices for authorization. MCPs must provide care coordination with the VID service provider as needed. Documentation that is submitted with the TAR should verify that admission criteria as outlined above are met as well as demonstrate the medical necessity for the inpatient stay.

MCPs are responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs, Policy Letters, and Dual Plan Letters. These requirements must be communicated by each MCP to all delegated entities and subcontractors.

If you have any questions regarding the requirements of this APL, please contact your Managed Care Operations Division contract manager.

Sincerely,

Original signed by Nathan Nau

Nathan Nau, Chief
Managed Care Quality and Monitoring Division