

**Delaware Division of Substance Abuse and Mental Health  
Provider/Contractor Policy**

<b><u>POLICY TITLE:</u></b> Community Access Standards	<b><u>POLICY #:</u></b> <b><u>DSAMH04</u></b>
<b><u>PREPARED BY:</u></b> DSAMH Policy Committee	<b><u>DATE ISSUED:</u></b> 11/9/2018
<b><u>RELATING POLICIES:</u></b> DSAMH Wait List Policy	<b><u>REFERENCE:</u></b>
<b><u>DATES REVIEWED:</u></b> 3/15/2019	<b><u>DATES REVISED:</u></b>
<b><u>APPROVED BY:</u></b>  <b><u>DATE APPROVED:</u></b>	<b><u>NOTES:</u></b>

**I. POLICY STATEMENT:**

It is the policy of the Division of Substance Abuse and Mental Health (DSAMH) to require that all contracted providers of services meet standards for timely response and admission decisions for DSAMH and for DSAMH Contracted service providers. The Access Standards Response Chart below provides standardized requirements for Initial Contact, Initial Appointment, and Admission Decision by program type and/or service description. The latter is necessary as many clients may be within a program and adding a service to an existing service program. Providers that contract with DSAMH will be obligated as part of their contract to meet these requirements.

It is understood that agencies will be receiving referrals across the continuum of care and have to take into consideration the individual needs of the client, client choice, medical necessity, clinical appropriateness, level of care considerations, and other required agency and regulatory mandates. Agencies may have referral response requirements that exceed the requirements from DSAMH. In these cases the more restrictive requirement is the standard expected.

Post-acute care service referrals have shorter response time requirements to admit clients into the program. Continuity of care and timely engagement with clients is critical for successful transition to community and mitigating readmission need or other negative outcomes. The chart is the maximum time allotted for admission

to the program by program type. It is expected that programs will have practices that far exceed these maximums and that only outliers may require full allowable days.

## II. Definitions:

- a. **Admission:** Program formal admission of client to program and services commence.
- b. **CBHOT:** Community Behavioral Health Outpatient Treatment Program including Mental Health, Substance Use Disorders, and Co-occurring Treatment Programs.
- c. **CPST:** Community Psychiatric Support and Treatment Services.
- d. **Delaware Treatment and Referral Network (DTRN):** Definition needed
- e. **\*Accelerated Intakes:** Clients who are being referred from Acute Care facilities, Institutes for Mental Disease (IMDs), or Untreated Clients require agencies to have an accelerated track that factors in client acuity and medication management needs. Substance Use Disorder clients are, as a population, an “Accelerated Intake” group. Dependent on scope of business of receiving agency intake may be required quicker than the stated standard below. Agency guidelines and practices related to this population and in general clinical crisis response may supersede standards below.
- f. **Initial Contact:** Program’s initial response date to client.
- g. **Initial Appointment:** Program initial appointment date provided to client for intake.
- h. **Program Service:** Program service (in entirety) or specific individual service item within a larger program. Admission to a program takes priority over individual service item, if a client is not already within a service program.
- i. **Response Days:** Days are counted as consecutive days (including weekends, holidays, or days considered non-business days).
- j. **PROMISE Program:** Promoting Optimal Mental Health for Individuals Through Supports and Empowerment (PROMISE) Home and Community-Based Services (HCBS) waiver program.

## III SCOPE:

This policy applies to any provider that has contracted with DSAMH to provide services cited below and all providers that provide services for the PROMISE HCBS waiver program.

## IV. PROCEDURES/RESPONSIBILITIES:

The chart defines the outermost days allotted for admission decision listed by service. Programs are expected to develop and intake clients based on acuity and individual needs within this time frame, with higher acuity clients taking priority. These Accelerated Intake needs have an asterisk (\*) in the chart for any clients that are currently untreated, being referred from an Acute care facility/IMD, or are seeking Substance Abuse Treatment services.

At a minimum, the referring and receiving agencies must take into account the following for all clients leaving an acute care facility/IMD:

- Patient's functional status, cognitive ability, ability to return to community,
- Type of post-hospital care the patient requires,
- Availability of the required post-hospital health care services to the patient,
- Availability and capability of family and/or friends to provide follow-up care in the home.

The chart below reflects bi-directional referral processes as it includes service providers throughout our service continuum, including specific residential programs. Requirements maybe updated at any time by DSAMH to reflect changing industry standards, regulatory requirements, and the needs of shared clients. Updates will be sent to the provider community prior to implementation.

## **V. Wait List/Deferment:**

All DSAMH contractors with open referral services are required to meet community access standards. In the event that a program service cannot meet referral demand, provider must notify DSAMH of duration of expected wait list/deferment need. Provider must also have a process for attempting to connect client with another service provider. For providers with a capped census or referral limit, providers are responsible for meeting community access standards when they have vacancies or slots available.



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\*# days for post-acute care / # days for clients living in community.