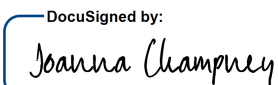


POLICY AND PROCEDURE

<p><u>POLICY TITLE:</u> EEU Involuntary Inpatient Psychiatric Placement Process</p>	<p><u>POLICY #:</u> DSAMH031</p>
<p><u>PREPARED BY:</u> Eligibility & Enrollment Unit</p>	<p><u>DATE ISSUED:</u> 06/06/2022</p>
<p><u>RELATED POLICIES:</u> DSAMH032 EEU Voluntary Placement Process Policy DSAMH033 EEU Red Flags Policy</p>	<p><u>REFERENCE:</u> Delaware Commitment Laws: http://delcode.delaware.gov/title16/c051/sc02/index.shtml</p>
<p><u>DATES REVIEWED:</u> 04/04/2023 05/07/2024</p>	<p><u>DATES REVISED:</u> 03/01/2023 04/17/2024</p>
<p><u>APPROVED BY:</u></p> <p>DocuSigned by:  1B71C05196B24CA...</p> <p><u>DATE APPROVED:</u> 8/20/2024 10:57 AM PDT</p>	<p><u>NOTES:</u></p> <p><input type="checkbox"/> DSAMH Internal Policy <input checked="" type="checkbox"/> DSAMH Operated Program <input checked="" type="checkbox"/> DSAMH State Providers <input checked="" type="checkbox"/> Delaware Psychiatric Center <input type="checkbox"/> Targeted Use Policy (Defined in scope)</p>

I. **PURPOSE:**

The purpose of this policy is to provide guidance on referring Delaware residents who are eighteen (18) years of age or older who are involuntarily committed to inpatient psychiatric care.

II. **POLICY STATEMENT:**

It is the policy of DSAMH’s Eligibility and Enrollment Unit (EEU) to ensure that all Delawareans who require involuntary inpatient psychiatric treatment are treated fairly and according to Delaware law.

III. **DEFINITIONS:**

“**ACT**” means Assertive Community Treatment, a certified level of care in the PROMISE program.

“**ACT Plus**” (formerly **CRISP**) means an enhanced ACT program that allows for additional services, a certified level of care in the PROMISE program.

“**Delaware resident**” means an individual who is not eligible for an out-of-state Medicaid plan and meets either of the following criteria:

1. An individual is domiciled in a permanent location or maintains a place of abode that they stay in that is a building, structure, or vehicle within the limits of the State, and spends more than 183 days in the State.
2. A person who possesses a valid Delaware-issued identification card such as driver’s license or non-driver identification card.

“**DPC**” means the Delaware Psychiatric Center.

“**DTRN**” means the Delaware Treatment and Referral Network.

“**ED**” means emergency department.

“**EEU**” means the DSAMH Eligibility and Enrollment Unit.

“**IBHA**” means initial behavioral health assessment.

“**ICM**” means Intensive Case Management, a certified level of care in the PROMISE program.

“**IMD**” means Institutions for Mental Diseases.

“**RRC-E**” means the Recovery Response Center located in Ellendale.

“**RRC-N**” means the Recovery Response Center located in Newark.

IV. **SCOPE:**

The policy covers all community providers, IMDs, DPC, and Mental Health Screeners referring and accepting clients.

V. **PROCEDURES/RESPONSIBILITIES:**

- A. All involuntary 24-hour commitments must be processed by the EEU.
- B. Referrals are received via the Delaware Treatment and Referral Network (DTRN).
- C. Individuals or programs without DTRN access can fax referrals to 302-622-4162.
- D. Staff will ensure that the 24-Hour Detention or Provisional Commitment is completed per Department of Justice standards. If it is not, staff will contact the referral source, explain the error, and request that it be resubmitted before the client can be referred to a facility.
- E. The following information shall be included in all referral packets for involuntary admissions (24-Hour Detention or Provisional):
 1. Referral packet from ED must include:
 - a. Demographic sheet,
 - b. ED Physician Report,
 - c. Psychiatric Assessment/Evaluation, and
 - d. 24-Hour Emergency Detention completed by a Certified Mental Health Screener or psychiatrist.
 2. Referral packet from Community, ACT, ICM, ACT Plus, or Group Home must include:
 - a. Proof of insurance status,
 - b. IBHA or current psychiatric documentation supporting need for inpatient placement,
 - c. Current medication list or most recent MAR, and

- d. 24-Hour Emergency Detention completed by a Certified Mental Health Screener or psychiatrist.
3. Referral packet from inpatient medical units must include:
 - a. Proof of insurance status,
 - b. Demographic sheet,
 - c. History and Physical,
 - d. Psychiatric Evaluation in lieu of the IBHA,
 - e. Current medication list or most recent MAR, and
 - f. 24-Hour Emergency Detention completed by a Certified Mental Health Screener or psychiatrist.
4. Referral packet from RRC-N and RRC-E must include:
 - a. Proof of insurance status,
 - b. Admission demographics,
 - c. Psychiatric evaluation in lieu of the IBHA,
 - d. Current medication list or most recent MAR, and
 - e. 24-Hour Detention completed by a Certified Mental Health Screener or psychiatrist, or Provisional completed by psychiatrist and accompanied by the 24-Hour Detention that preceded the Provisional.
5. Make a referral to receiving psychiatric facility. This includes 23-hour Crisis Stabilization Centers and IMDs.

F. If any of the information listed above in Section V. E. is missing, it may delay the approval of the referral and placement of the client.

VI. **POLICY LIFESPAN**: Annual review by policy committee.

VII. **RESOURCES**:

[Initial Behavioral Health Assessment](#)

[24-Hour Emergency Detention](#)

[Psychiatrist Certificate for Provisional Hospitalization](#)