# Eligibility & Enrollment Unit Voluntary Psychiatric Referral Policy

## Division of Substance Abuse and Mental Health (DSAMH)

**Policy Number:** DSAMH032
**Date Issued:** 06/06/2022
**Dates Reviewed:** 04/17/2023; 05/07/2024; 06/23/2025; 06/23/2026
**Dates Revised:** 03/01/2023; 04/17/2024; 06/04/2025; 05/06/2026
**Prepared By:** Eligibility & Enrollment Unit
**Applicability:**

1. DSAMH-Operated Program
2. DSAMH State Providers
3. Delaware Psychiatric Center

**Approved By:** Joanna Champney, Director

**Date Signed:** June 24, 2026

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## 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 uninsured or underinsured to voluntary inpatient psychiatric care.

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## II. POLICY STATEMENT

It is the policy of DSAMH's Eligibility and Enrollment Unit (EEU) to ensure that all uninsured or underinsured Delawareans who are voluntarily seeking inpatient psychiatric treatment are treated fairly and according to Delaware law.

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## III. DEFINITIONS

**"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 in which they stay, 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.

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

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IV. SCOPE

The policy covers all community providers, 23-hour crisis stabilization center, IMDs, DPC, and Mental Health Screeners.

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V. PROCEDURES/RESPONSIBILITIES

A. The EEU processes voluntary referrals for clients reported as uninsured or underinsured by the referring facility. Referral by the EEU is not an authorization for payment.

B. The EEU shall not process a referral for an individual voluntarily seeking admission who has insurance and/or is a non-Delaware resident without insurance. EEU staff shall contact the referral source immediately and explain that the EEU does not accept a client who is voluntary and holds insurance in or out of state, or a non-Delaware resident without insurance, and close out the referral.

C. Referrals are received via the Delaware Treatment and Referral Network (DTRN). Individuals or programs without DTRN access can fax referrals to 302-622-4162.

D. The referring provider shall submit proof of need for DSAMH funding based on the client being uninsured or underinsured via an exhausted explanation of benefits or documentation of no insurance found. See DSAMH034.

E. The EEU hospital placement team shall review the referral and request any additional information if needed. This applies to referring facilities and clients who are self-referring.

F. Referral packets must include:

1. 24-Hour Emergency Detention completed by a Certified Mental Health Screener or psychiatrist, as applicable,
2. Proof of insurance status,
3. Proof of identification, if available
4. Medical screening examination, such as
    a. History and Physical, as applicable
    b. ED Physician Report, as applicable
5. Demographic sheet, as applicable, and
6. Psychiatric Assessment/Evaluation, if available.

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VI. Reference

A. Delaware Commitment Laws: Delaware Code Online

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VII. POLICY LIFESPAN

This policy will be reviewed annually.

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VIII. RESOURCES

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IX. RELATED POLICIES

A. DSAMH031 EEU Involuntary Psychiatric Referral Policy
B. DSAMH033 EEU Red Flags Policy
C. DSAMH034 EEU Inpatient Initial UR