PROMISE Client Assistance Policy

Division of Substance Abuse and Mental Health (DSAMH)

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Prepared By: PROMISE and DSAMH Policy Committee
Applicability:

1. DSAMH State Providers

Approved By: Joanna Champney, Division Director



Date Signed: November 10, 2026

I. PURPOSE

The purpose of this policy is to establish a formal process for the utilization of client assistance by ACT and ICM providers, which are funds provided to support services and/or direct assistance to ensure that clients enrolled in these levels of care can obtain basic necessities of daily life.

II. POLICY STATEMENT

It is a requirement of the Division of Substance Abuse and Mental Health (DSAMH) that all DSAMH-contracted ACT and ICM service providers adhere to the procedures set forth in this policy regarding the utilization of client assistance funds.

III. DEFINITIONS

"ACT" means Assertive Community Treatment.

"CBHSD" means the Bureau of Community Behavioral Health and Social Determinants.

"DSAMH" means the Division of Substance Abuse and Mental Health.

"ICM" means Intensive Case Management.

"PROMISE" means Promoting Optimal Mental Health for Individuals Through Supports and Empowerment (PROMISE) Home- and Community-Based (HCBS) waiver program under DSAMH. PROMISE assesses beneficiaries for level of care needs and monitors services to ensure the beneficiary receives appropriate care from contracted providers.

IV. SCOPE

This policy applies to any ACT or ICM provider that has contracted with DSAMH and receives client assistance funds to support their clients.

V. PROCEDURES/RESPONSIBILITIES

A. Providers shall adhere to the following:
   1. Requests for client assistance shall be submitted for approval in advance of utilization to DHSS_DSAMH_ClientAssistance@delaware.gov.
   2. Client assistance funds can be requested for the following items:
      a. Housing: security deposits, rental assistance, and hotel/motel expenses. Requests for rental assistance and hotel/motel stays must include the dates that the funding shall cover and the name of the hotel/motel; this shall not be a recurring expense.
      b. Purchase of move-in items for the home environment, e.g., bedding, cookware, linens, television, dining room table and chairs, two-piece living room suite. Maximum cap of $1,000.00 per bill.
      c. Delinquent utility bills and deposits, with a maximum cap of $1,000.00 per bill.
      d. Groceries.
      e. Personal hygiene products.
      f. Birth certificates/state ID and documents needed for services.
      g. Medication copays or costs for uninsured individuals after exhausting other resources. For insured individuals, the teams must make every effort to encourage the individual to pay their own copays, seek patient assistance programs, etc.
         i. Individual copays exceeding $25.00 require preapproval. Client assistance may be used for copays under this threshold without prior approval. A list of monthly copays that have been paid using client assistance must be submitted to the client assistance mailbox by the 5th of the following month to ensure they are accounted for in tracking of overall spending. If this is not submitted, these expenditures shall not be approved if included on invoices.
      h. Clothing and shoes.
      i. Transportation to and from employment/medical appointments/bus passes.
   3. **The following items cannot be funded with client assistance and requests shall automatically be denied:**
      a. Tobacco products,
      b. Marijuana products,
      c. Alcohol,
      d. Car repairs,
      e. Car maintenance,
      f. Towing,
      g. Gasoline,
      h. Cash to clients,
      i. Court costs/fines, or

j. Treatment costs for additional therapies outside of ACT/ICM.

B. DSAMH staff shall respond to requests within three (3) business days.

C. If funds were spent without preapproval due to an emergency situation, such as an individual needing emergency housing after business hours, a request form with sufficient justification and a receipt must be submitted to the client assistance mailbox noted above within three (3) business days. If the request is not received within this time frame, it will not be approved.

D. It is expected that teams shall be monitoring and documenting clients' financial situations, to prevent outstanding rent and utilities, as much as possible. Where needed, clients should be referred for representative payee services.

E. Client assistance can only be used for the client and cannot be approved to assist family members, including minor family members or those living with client.

F. The provider shall review their client assistance funds during their quarterly meeting with Community Mental Health. If the amount in the provider's contract for client assistance funds is used at a rate which may exhaust the fund prior to the end of the fiscal year, the provider shall contact the Chief of Community Mental Health to request an increase, if funds are available.

G. Invoices and invoice cover letters for approved client assistance funds should be submitted monthly to DSAMHBusinessOperations@delaware.gov by the last day of the following month. Invoices must include client identifier, explanation of the use of funds, and proof of DSAMH approval. Supporting documentation, including legible receipts, shall be maintained by the provider and readily available in the event of an audit. If client assistance funds are used to purchase a gift card, receipts for both the purchase of the gift card as well as the items purchased with the gift card must be provided. Costs included on the invoices that do not meet the above criteria shall not be reimbursed.

VI. References

A. N/A

VII. POLICY LIFESPAN

This policy will be reviewed annually.

VIII. RESOURCES

A. N/A

IX. RELATED POLICIES

A. N/A