POLICY AND PROCEDURE

POLICY TITLE: Community Access Standards	POLICY #: DSAMH004
PREPARED BY: DSAMH Policy Committee	DATE ISSUED: 11/9/2018
RELATED POLICIES: DSAMH010 DSAMH Capacity Management and Priority Populations	REFERENCE: Policy Memorandum #7
DATES REVIEWED: 08/19/2019 06/08/2022 07/25/2023 07/17/2024 05/20/2025	DATES REVISED: 03/15/2019 08/01/2022 05/17/2023 05/22/2024 04/16/2025
APPROVED BY: DocuSigned by: *Joanna Champney* 1B71C05196B24CA... DATE APPROVED: 7/9/2025 | 6:52 AM PDT	NOTES: ☐DSAMH Internal Policy ☒DSAMH Operated Program ☒DSAMH State Providers ☐Delaware Psychiatric Center ☐Targeted Use Policy (Defined in scope)

I. **PURPOSE:**
The purpose of this policy is to ensure that clients receive care in a timely manner. This policy shall provide guidance for all DSAMH-contracted and DSAMH-operated programs.

II. **POLICY STATEMENT:**
It is the policy of the Division of Substance Abuse and Mental Health (DSAMH) to require that all DSAMH-operated and DSAMH-contracted providers meet standards for timely response and admission decisions for clients. The policy provides standardized requirements for Initial Contact, Initial Appointment, and Admission Decision by program type and service description.

Agencies receiving referrals across the continuum of care shall 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.

III. **DEFINITIONS:**
"Accelerated Intakes" means clients who are being referred from acute care facilities, institutes of mental disease (IMDs), or untreated clients. Agencies are required to place clients in an accelerated track for admission due to client acuity and medication management needs. Clients with substance

use disorder diagnoses are considered an accelerated intake group as well. Priority populations, as defined in DSAMH010, take highest precedence for admission.

"Admission" means the intake of a client has been completed and services have commenced.

"CBHOT" means Community Behavioral Health Outpatient Treatment Program which includes Mental Health, Substance Use Disorders, and Co-occurring Treatment Programs.

"CPST" means Community Psychiatric Support and Treatment Services.

"Initial Appointment" means the first date that the client is seen and intake documentation, including a biopsychosocial assessment, is initiated.

"Initial Contact" means the first time a program communicates with a client regarding their service needs.

"Program Service" means the course of treatment used by an organization to provide a specific level of care of behavioral health treatment.

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

"Response Days" means the number of days until contact and services are provided. Response days are calendar days including weekends and holidays.

IV. **SCOPE:**
This policy applies to any DSAMH-contracted and DSAMH-operated provider of the services cited below.

V. **PROCEDURES/RESPONSIBILITES:**
A. The DSAMH Community Access Standards Requirements chart below defines the maximum days allotted for an admission decision listed by service. Programs are expected to 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.

B. At a minimum, the referring and receiving agencies must consider the following for all clients leaving an acute care facility/IMD:
  1. Patient's functional status, cognitive ability, and ability to return to community,
  2. Type of post-hospital care the patient requires,
  3. Availability of the required post-hospital health care services to the patient, and
  4. Availability and capability of family and/or friends to provide follow-up care in the home.

C. The chart below reflects bi-directional referral processes as it includes service providers throughout the service continuum, including specific residential programs. Requirements may be updated at any time by DSAMH to reflect changing industry standards, regulatory

requirements, and the needs of clients shared by multiple providers. Updates will be sent to the provider community prior to implementation.

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

DSAMH Community Access Standards Requirements (In calendar days from referral date)			
Levels of Care/Program Type	**Initial Contact (days)**	**Initial Appointment (days)**	**Admission (days)**
CBHOT Program (see below for discipline timelines)	3	7	10*/30
Outpatient Therapy	5	7*/30	10*/30
Outpatient Psychiatry	5	7*/30	10*/30
Intensive Outpatient Program	3	5	7
Co-Occurring Program	3	5	7
Residential Substance Abuse Treatment Program (when vacancy available)	1	1	1
Opioid Treatment Program	2	3	3
Targeted Case Management (TCM)	3	7*/30	10*/30
Intensive Case Management Services (ICM)	3	7*/30	10*/30
Assertive Community Team (ACT)	3	7*/30	10*/30
ACT Plus	3	7*/30	10*/30
Group Home for Persons with Mental Illness (GH) (when vacancy available)	1	3	21

Community Based Recovery Residence (when vacancy available)	3	5	5
PROMISE Peer Support	5	10	15
PROMISE Personal Care	5	10	15
All Other Services	5	10	15

*# days for accelerated intakes

    D. Wait List/Deferment:
1. All DSAMH contractors with open referral services are required to meet community access standards.
2. DSAMH acknowledges that there may be occasions when a client is clinically appropriate for the level of care but cannot be admitted immediately due to capacity issues. When this occurs and the client is placed on a wait or pending referral list, DSAMH expects certain actions to occur in order to ensure the client receives appropriate care. See DSAMH010.
3. If a program cannot meet referral demand, the provider must notify DSAMH of duration of expected wait list or deferment need.
4. Non-PROMISE providers must have a process for connecting clients to another service provider when they cannot admit the client in a timely manner.
5. For providers with a capped census or referral limit, providers are responsible for meeting community access standards when they have vacancies.
6. PROMISE home and community-based services have an expectation to not have a waitlist. Any new referrals to PROMISE are always seen at the highest level of contact.
   a. If a provider reaches capacity, the provider shall contact PROMISE Assessment Center Administrator and the Eligibility and Enrollment Unit (EEU) for next steps. PROMISE shall:
      i. Assess if clients are ready to step down,
      ii. Find supplemental services,
      iii. Identify natural supports to provide the service, and
      iv. Work with management to increase capacity.
   b. Until a solution is identified, the PROMISE workers shall continue care management activities such as:
      i. Applying for benefits,
      ii. Applying for housing,
      iii. Maintaining high level of contact until the client is connected to services, and
      iv. Utilization of additional services.

VI. **POLICY LIFESPAN:** This policy supersedes previous distributions of this policy as detailed in dates revised. This policy will be reviewed annually.

VII. **RESOURCES: N/A**