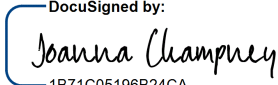


POLICY AND PROCEDURE

<u>POLICY TITLE:</u> EEU Voluntary Inpatient Psychiatric Placement Process	<u>POLICY #:</u> DSAMH032
<u>PREPARED BY:</u> Eligibility & Enrollment Unit	<u>DATE ISSUED:</u> 06/06/2022
<u>RELATED POLICIES:</u> DSAMH031 EEU Involuntary Placement Process Policy DSAMH033 EEU Red Flags Policy	<u>REFERENCE:</u> Delaware Commitment Laws: Delaware Code Online
<u>DATES REVIEWED:</u> 04/17/2023 05/07/2024 06/23/2025	<u>DATES REVISED:</u> 03/01/2023 04/17/2024 06/04/2025
<u>APPROVED BY:</u>  <small>1B71C05196B24CA...</small> <u>DATE APPROVED:</u> 7/9/2025 6:59 AM PDT	<u>NOTES:</u> <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)

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.

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.

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.

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

“IMD” means Institutions for Mental Diseases.

“MAR” Medication Administration Record.

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

V. **PROCEDURES/RESPONSIBILITIES**:

- A. Voluntary referrals are processed by the EEU when the referral source is requesting DSAMH payment for the client’s hospital stay due to lack of insurance.
- B. The EEU will 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 will review the referral and request any additional information if needed.

F. Referral packets:

1. Referral packet from ED must include:
 - a. Demographic sheet,
 - b. ED physician report, and
 - c. Psychiatric Assessment/Evaluation, if available.
2. Referral packet from Community, ACT, ICM, ACT Plus, or Group Home must include:
 - a. Proof of insurance status,
 - b. Current psychiatric documentation supporting need for inpatient placement, and
 - c. Current medication list or most recent MAR.
3. Referral packet from inpatient medical units must include:
 - a. Proof of insurance status,
 - b. Demographic sheet,
 - c. History and Physical,
 - d. Psychiatric Assessment/Evaluation, if available, and
 - e. Current medication list or most recent MAR.
4. Referral packet from a 23-hour crisis stabilization center must include:
 - a. Proof of insurance status,
 - b. Admission demographics,
 - c. Psychiatric Assessment/Evaluation, if available, and
 - d. Current medication list or most recent MAR.

- G. If any of the information listed above in Section V. F. 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**: