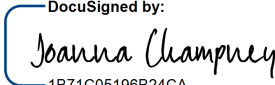


**POLICY AND PROCEDURE**

<b>POLICY TITLE:</b> EEU PROMISE Application	<b>POLICY #:</b> DSAMH043
<b>PREPARED BY:</b> EEU	<b>DATE ISSUED:</b> 10/17/2022
<b>RELATED POLICIES:</b>	<b>REFERENCE:</b>
<b>DATES REVIEWED:</b> 10/17/2022 08/30/2023 10/21/2024 05/20/2025	<b>DATES REVISED:</b> 03/08/2023 10/21/2024 02/26/2025
<b>APPROVED BY:</b>  <small>1B71C05196B24CA...</small> <b>DATE APPROVED:</b> 7/9/2025   6:52 AM PDT	<b>NOTES:</b> <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 ensure that there is a process for providers to apply for services for Delaware residents 18 years of age or older with a Severe and Persistent Mental Illness (SPMI) in the community, in alignment with PROMISE standards, as defined by the State Medicaid guidelines and federal regulations.

**II. POLICY STATEMENT:**

This policy shall provide guidance on submission of applications for services to the Eligibility and Enrollment Unit (EEU). The EEU reviews the applications for the eligibility to receive federal funds for PROMISE services. This policy describes the documentation a provider must submit to follow federal compliance.

**III. DEFINITIONS:**

**“Delaware resident”** means either:

1. An individual who is domiciled in Delaware for any part of the tax year or maintains an abode in Delaware 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.

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

**“EEU”** means the Eligibility and Enrollment Unit. The EEU reviews all applications for PROMISE services to determine eligibility of a client for enrollment in the appropriate level of care.

**“ROI”** means release of information.

**IV. SCOPE:**

This policy applies to all providers who want to apply for PROMISE services through the EEU on behalf of clients.

**V. PROCEDURES/RESPONSIBILITIES:**

A. Application submission: Applications are located at the EEU website.

1. Completed application:

- a. All sections of the application must be completed in full in order to be accepted for review.
- b. There must be a complete narrative submitted with each ASAM level selected.
- c. If the client is not currently in the community, the projected discharge date or date of release must be included.

2. Required supporting documentation:

- a. A release of information must be signed by the client even if the client is under 18 years of age.
- b. Proof of Delaware residency:
  - i. An individual who is domiciled in Delaware for any part of the tax year or maintains an abode in Delaware and spends more than 183 days in the State.
  - ii. A person possesses a valid Delaware-issued identification card such as driver's license or non-driver identification card.
- c. If the client has a legal guardian, a copy of the guardianship paperwork shall be included with the application. The legal guardian must sign the release of information.
- d. If the client is court ordered to treatment, a copy of the court order is required. A release of information is not necessary if the court order is included.
- e. Psychiatric evaluation, which includes a qualifying diagnosis, signed by a psychiatrist or psychiatric-mental health nurse practitioner within the last twelve (12) months of application submission date. Three (3) psychiatric notes with the same criteria as above can be submitted in lieu of the evaluation.

3. Application checklist:

- a. A completed checklist shall be included with the application. This shall include initialing next to all applicable boxes.
- b. If the necessary information is not included, EEU staff will return this form indicating what is missing and provide a timeframe to return the missing item(s).
- c. Information not received within the identified timeframe will be rejected and a new application will need to be submitted for processing.

B. Completed applications will only be accepted via submission one of three ways:

1. Delaware Treatment and Referral Network (DTRN) portal
2. [DSAMH\\_EEU@delaware.gov](mailto:DSAMH_EEU@delaware.gov)
3. EEU Fax Number: [302-622-4168](tel:302-622-4168)

C. A response will be provided within seven (7) business days of receipt of the application.

**VI. POLICY LIFESPAN:** This policy will be reviewed annually.

**VII. RESOURCES:**

A. [Eligibility and Enrollment Unit - Delaware Health and Social Services - State of Delaware-](#)

B. DSAMH043A EEU Application