


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> 6/6/22
<u>RELATED POLICIES:</u> DSAMH031 EEU Involuntary Placement Process Policy DSAMH033 EEU Red Flags Policy	<u>REFERENCE:</u> Delaware Commitment Laws: http://delcode.delaware.gov/title16/c051/sc02/index.shtml
<u>DATES REVIEWED:</u> 4/17/23	<u>DATES REVISED:</u> 3/1/23
<u>APPROVED BY:</u>  <p>4/24/2023 10:47 AM PDT</p>	<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.

"CRISP" means Community Reintegration Support Program.

"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 possesses a valid Delaware- issued identification card such as driver's license or non-driver identification card.

"DTRN" means the Delaware Treatment and Referral Network.

"ED" means Emergency Department.

"EEU" means the DSAMH Eligibility and Enrollment Unit.

"IBHA" means Initial Behavioral Health Assessment.

"ICM" means Intensive Case Management.

"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 referring and accepting clients.

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. EEU staff must 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 and close out the referral.
- C. The referring provider contacts EEU either via phone or through Delaware Treatment and Referral Network (DTRN) to request placement for client.
- D. The referring provider shall submit proof of need for DSAMH funding based on the client being uninsured or underinsured.
- E. The EEU hospital placement team will review the referral and request any additional information if needed. Staff will ensure that the IBHA is completed by a Certified Mental Health Screener, or a psychiatric evaluation has been performed for the voluntary placement.
- F. Referral packets:
 1. Referral packet from ED must include:
 - a. Demographic sheet,
 - b. ED physician report, and

- c. Psychiatric Assessment/Evaluation.
2. Referral packet from Community, ACT, ICM, CRISP, or Group Home must include:
 - a. Proof of insurance status,
 - b. IBHA or 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 Evaluation in lieu of the IBHA, 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 evaluation in lieu of the IBHA, 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**:

[Initial Behavioral Health Assessment](#)