All the Right Moves:
Transitioning Individuals Out of Psychiatric Institutions



TN Department of Mental Health & Substance Abuse Services

Rob Cotterman, MS, Assistant Commissioner for Mental Health Services
Tennessee Department of Mental Health & Substance Abuse Services

TDMHSAS



1. Who we are
2. State owned or contracted Hospitals
3. Regional Mental Health Institutes (RMHIs)

All the Right Moves:
Transitioning Individuals Out of Psychiatric Institutions

The WHY…



The HOW…

How we are doing it in the State of Tennessee…



1. TennCare
2. The Sub-Acute Discharge Initiative
3. The MOVE Initiative (TMI)

TennCare





1. Tennessee's Medicaid Waiver
2. Origin of TennCare
3. TennCare Changes
4. TennCare Today

The Sub-Acute Discharge Initiative



"To collaboratively and assertively work with TennCare Managed Care Organizations (MCO's) in development and implementation of viable discharge plans for TennCare members currently in the Sub-Acute Programs of the Regional Mental Health Institute (RMHI's)."

The Sub-Acute Discharge Initiative



1. Project interval: April 1 through October 31, 2018
2. Initiative Assumptions
3. Of the 246 Sub-Acute beds, identified 99 individuals who were deemed eligible for discharge and who had TennCare Coverage or were TennCare eligible.

The Sub-Acute Discharge Initiative

THE MECHANICS



1. Benchmarks established for TennCare by MCO & RMHI
2. Established bi-weekly conference calls with each MCO & RMHIs for case-by-case review of patient needs, resources required to realize durable discharge.
3. MCO ”RMHI Transition Planning” Data Sheet
4. “CEA” – Cost Effective Alternative!!!
5. CAREFUL Transitioning – Baby-Steps (Teach the MCO)

The MCO "RMHI Transition Planning" Data Sheet

Subacute Initiative
Transition Planning

Member/Patient Name: RMHI Location:
Conservator Name: (n/a)

Staffing Consideration	Care Aid o Number: o Staffing preferences (characteristic): o General duties: (safety or behavioral) Explain:		Nursing o NA o Yes: Medications/Treatment Explain:	
Functional Status	Mealtime o Independent o Needs asst. Explain:	Bathing o Independent o Needs asst. Explain:	Dressing o Independent o Needs asst. Explain:	Transfers/Ambulation o Independent o Needs asst. Explain:
Equipment	Mealtime o N/A o Yes Explain:	Bathing o N/A o Yes Explain:	Dressing o N/A o Yes Explain:	Transfers/Ambulation o N/A o Yes Explain:
Daily Routine	Daytime: (recreational/ADLs)		Nighttime:	
Housing Environment	List housing modifications recommended:			
	o Region or county: o Willingness to move: Yes No			
Outpatient Therapy	List of medical services recommended:			
	List of behavioral services recommended:			



RMHI to MCO Communication/Planning Guide

The Sub-Acute Discharge Initiative

RESOURCES



1. Various Levels of Housing
2. Medical and Behavioral Wrap-Around Services
3. CHOICES for Long-Term Services & Supports (LTSS)
4. For Dual-Dx Mental Health & ID/DD, ECF CHOICES
5. The MOVE Initiative

BenchMarks!

Regional Mental Health Institute/TennCare Sub-Acute Program Discharge Initiative

Department of Mental Health & Substance Abuse Services

SUB-ACUTE DISCHARGE INITIATIVE
BENCHMARK SUMMARY
April 1 - October 31, 2018

	2018 Current Inpatients	BenchMark Goal per Month		Result	
MBMHI					
BLUECARE	16	3	per Month	21	
UHC	5	1	per Month	7	42 MBMHI TennCare Subtotal
AMERIGROUP	14	2	per Month	14	
MTMHI					
BLUECARE	11	2	q mos	14	
UHC	9	2	q mos	14	42 MTMHI TennCare Subtotal
AMERIGROUP	13	2	q mos	14	
WMHI					
BLUECARE	9	2	q mos	14	
UHC	12	2	q mos	14	43 WMHI TennCare Subtotal
AMERIGROUP	9	2	q mos	14	
TN Care SELECT	1	1		1	

	2018 Current Inpatients	Realized Benchmark Totals
ALL RMHIS		
BLUECARE	36	49
UHC	26	35
AMERIGROUP	36	42
TN Care SELECT	1	1

TOTALS 99 Current InPatients **127 Will be Discharged from Sub-Acute**



127 Discharges to be realized by October 31, 2018.

Benchmarks communicated to each MCO prior to Initiative Go-Live.

BenchMarks!

Regional Mental Health Institute/TennCare Sub-Acute Program Discharge Initiative

Tennessee Department of Mental Health & Substance Abuse Services (TDMHSAS) in collaboration with Amerigroup TennCare, has undertaken the Sub-Acute Discharge Initiative to afford Amerigroup members in the Sub-Acute Program of TDMHSAS RMHIs the opportunity for community living. A goal is established to realize 42 patients discharged from the Sub-Acute Programs of the RMHIs by October 31, 2018.

This report will maintain a weekly (Sunday through Saturday) tally of progress toward this goal.

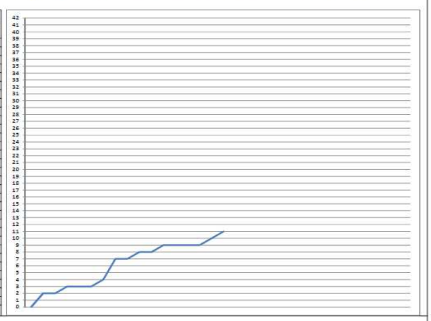
Department of Mental Health & Substance Abuse Services

Amerigroup
Sub-Acute Discharge Initiative
Weekly Status Report

Initiative Assumptions: The following assumptions are foundational understandings underlying the intent of this initiative.
1. All consumers served at the RMHI are eligible for discharge from the facility.
2. No consumers served at the RMHI should be relegated to live out their lives in the institutional setting, and have a right to be afforded a viable, realistic, workable discharge plan that meets their clinical, medical, and psycho-social needs. Consumers with a forensic status/background may present outlying judicial or risk-management issues.
3. The RMHI has the responsibility to begin active discharge planning starting at the time of admission and refine the plan during the course of hospitalization.
4. The MCO has the responsibility to collaborate with the RMHI in provision/development of an array of services to render the discharge plan a reality for consumers served.
5. Consumers who have been deemed eligible for discharge by their clinical Interdisciplinary Treatment Team as no longer meeting criteria for continued commitment to the RMHI will have a discharge plan implemented in a timely, efficient manner through collaboration between the RMHI and the MCO, within ninety (90) days of certification as Sub-Acute.
6. Consumers served in the Sub-Acute Program of the RMHI may present complex medical, psycho-social, as well as institutionalization concerns which will require careful address by both the RMHI and the MCO in the implementation of the discharge plan, including but not limited to transition plans, development of community alternatives, and care coordination between community providers and RMHI direct-care personnel.
7. RMHI licensed beds may be better utilized by redesignating as Acute Care beds to improve the bed compliment available to serve new admissions to the facility.

PROJECT GOAL	42	
Patients discharged thus far	11	Amerigroup has 11 discharges to date. At this rate, Amerigroup is predicted to discharge 20 patients by the end of the Initiative. Their BenchMark is 42
Remaining to Goal:	31	

Sunday through Saturday, the Week of:			# of Pt's discharged from Sub-Acute
April 1, 2018	to	April 7, 2018	2
April 8, 2018	to	April 14, 2018	0
April 15, 2018	to	April 21, 2018	1
April 22, 2018	to	April 28, 2018	0
April 29, 2018	to	May 5, 2018	0
May 6, 2018	to	May 12, 2018	1
May 13, 2018	to	May 19, 2018	3
May 20, 2018	to	May 26, 2018	0
May 27, 2018	to	June 2, 2018	1
June 3, 2018	to	June 9, 2018	0
June 10, 2018	to	June 16, 2018	1
June 17, 2018	to	June 23, 2018	0
June 24, 2018	to	June 30, 2018	0
July 1, 2018	to	July 7, 2018	0
July 8, 2018	to	July 14, 2018	1
July 15, 2018	to	July 21, 2018	1
July 22, 2018	to	July 28, 2018	
		October 31, 2018	
END OF INITIATIVE			





BenchMarks are measured on a weekly basis and communicated to each individual MCO monthly.

This is MCO-A

BenchMarks!

Regional Mental Health Institute/TennCare Sub-Acute Program Discharge Initiative

Tennessee Department of Mental Health & Substance Abuse Services (TDMHSAS) in collaboration with BlueCare TennCare, has undertaken the Sub-Acute Discharge Initiative to afford BlueCare members in the Sub-Acute Program of TDMHSAS RMHIs the opportunity for community living. A goal is established to realize 50 patients discharged from the Sub-Acute Programs of the RMHIs by October 31, 2018.
This report will maintain a weekly (Sunday through Saturday) tally of progress toward this goal.

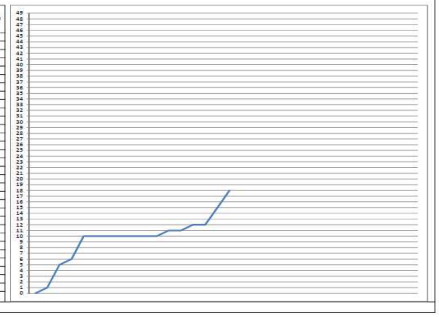
Department of Mental Health & Substance Abuse Services

BlueCare
Sub-Acute Discharge Initiative
Weekly Status Report

Initiative Assumptions: The following assumptions are foundational understandings underlying the intent of this initiative.
1. All consumers served at the RMHI are eligible for discharge from the facility.
2. No consumers served at the RMHI should be relegated to live out their lives in the institutional setting, and have a right to be afforded a viable, realistic, workable discharge plan that meets their clinical, medical, and psycho-social needs. Consumers with a forensic status/background may present outlying judicial or risk-management issues.
3. The RMHI has the responsibility to begin active discharge planning starting at the time of admission and refine the plan during the course of hospitalization.
4. The MCO has the responsibility to collaborate with the RMHI in provision/development of an array of services to render the discharge plan a reality for consumers served.
5. Consumers who have been deemed eligible for discharge by their clinical Interdisciplinary Treatment Team as no longer meeting criteria for continued commitment to the RMHI will have a discharge plan implemented in a timely, efficient manner through collaboration between the RMHI and the MCO, within ninety (90) days of certification as Sub-Acute.
6. Consumers served in the Sub-Acute Program of the RMHI may present complex medical, psycho-social, as well as institutionalization concerns which will require careful address by both the RMHI and the MCO in the implementation of the discharge plan, including but not limited to transition plans, development of community alternatives, and care coordination between community providers and RMHI direct-care personnel.
7. RMHI licensed beds may be better utilized by redesignating as Acute Care beds to improve the bed compliment available to serve new admissions to the facility.

PROJECT GOAL	49	
Patients discharged thus far	18	BlueCare has 18 discharges to date. At this rate, BlueCare is predicted to discharge 33 patients by the end of the Initiative. Their BenchMark is 49
Remaining to Goal:	31	

Sunday through Saturday, the Week of:			# of Pt's Discharged from Sub-Acute
April 1, 2018	to	April 7, 2018	1
April 8, 2018	to	April 14, 2018	4
April 15, 2018	to	April 21, 2018	1
April 22, 2018	to	April 28, 2018	4
April 29, 2018	to	May 5, 2018	0
May 6, 2018	to	May 12, 2018	0
May 13, 2018	to	May 19, 2018	0
May 20, 2018	to	May 26, 2018	0
May 27, 2018	to	June 2, 2018	0
June 3, 2018	to	June 9, 2018	0
June 10, 2018	to	June 16, 2018	1
June 17, 2018	to	June 23, 2018	0
June 24, 2018	to	June 30, 2018	1
July 1, 2018	to	July 7, 2018	0
July 8, 2018	to	July 14, 2018	3
July 15, 2018	to	July 21, 2018	3
July 22, 2018	to	July 28, 2018	
		October 31, 2018	
END OF INITIATIVE			





BenchMarks are measured on a weekly basis and communicated to each individual MCO monthly.

This is MCO-B

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BenchMarks!

Regional Mental Health Institute/TennCare Sub-Acute Program Discharge Initiative

Tennessee Department of Mental Health & Substance Abuse Services (TDMHSAS) in collaboration with UHC TennCare, has undertaken the Sub-Acute Discharge Initiative to afford UHC members in the Sub-Acute Program of TDMHSAS RMHIs the opportunity for community living. A goal is established to realize 35 patients discharged from the Sub-Acute Programs of the RMHIs by October 31, 2018.
This report will maintain a weekly (Sunday through Saturday) tally of progress toward this goal.

Department of Mental Health & Substance Abuse Services

United HealthCare
Sub-Acute Discharge Initiative
Weekly Status Report

Initiative Assumptions: The following assumptions are foundational understandings underlying the intent of this initiative.
1. All consumers served at the RMHI are eligible for discharge from the facility.
2. No consumers served at the RMHI should be relegated to live out their lives in the institutional setting, and have a right to be afforded a viable, realistic, workable discharge plan that meets their clinical, medical, and psycho-social needs. Consumers with a forensic status/background may present outlying judicial or risk-management issues.
3. The RMHI has the responsibility to begin active discharge planning starting at the time of admission and refine the plan during the course of hospitalization.
4. The MCO has the responsibility to collaborate with the RMHI in provision/development of an array of services to render the discharge plan a reality for consumers served.
5. Consumers who have been deemed eligible for discharge by their clinical Interdisciplinary Treatment Team as no longer meeting criteria for continued commitment to the RMHI will have a discharge plan implemented in a timely, efficient manner through collaboration between the RMHI and the MCO, within ninety (90) days of certification as Sub-Acute.
6. Consumers served in the Sub-Acute Program of the RMHI may present complex medical, psycho-social, as well as institutionalization concerns which will require careful address by both the RMHI and the MCO in the implementation of the discharge plan, including but not limited to transition plans, development of community alternatives, and care coordination between community providers and RMHI direct-care personnel.
7. RMHI licensed beds may be better utilized by redesignating as Acute Care beds to improve the bed compliment available to serve new admissions to the facility.

PROJECT GOAL	35	
Patients discharged thus far	21	UHC has 21 discharges to date. At this rate, UHC is predicted to discharge 39 patients by the end of the Initiative. Their BenchMark is 35
Remaining to Goal:	14	

Sunday through Saturday, the Week of:			# of Pt's Discharged from Sub-Acute
April 1, 2018	to	April 7, 2018	1
April 8, 2018	to	April 14, 2018	1
April 15, 2018	to	April 21, 2018	0
April 22, 2018	to	April 28, 2018	3
April 29, 2018	to	May 5, 2018	2
May 6, 2018	to	May 12, 2018	3
May 13, 2018	to	May 19, 2018	1
May 20, 2018	to	May 26, 2018	1
May 27, 2018	to	June 2, 2018	0
June 3, 2018	to	June 9, 2018	0
June 10, 2018	to	June 16, 2018	2
June 17, 2018	to	June 23, 2018	0
June 24, 2018	to	June 30, 2018	1
July 1, 2018	to	July 7, 2018	2
July 8, 2018	to	July 14, 2018	2
July 15, 2018	to	July 21, 2018	2
July 22, 2018	to	July 28, 2018	
		October 31, 2018	
END OF INITIATIVE			





BenchMarks are measured on a weekly basis and communicated to each individual MCO monthly.

This is MCO-C

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BenchMarks!

Regional Mental Health Institute/TennCare Sub-Acute Program Discharge Initiative

Tennessee Department of Mental Health & Substance Abuse Services (TDMHSAS) in collaboration with TennCare, has undertaken the Sub-Acute Discharge Initiative to afford TennCare members in the Sub-Acute Program of TDMHSAS RMHIs the opportunity for community living. A goal is established to realize 126 patients discharged from the Sub-Acute Programs of the RMHIs by October 31, 2018.
This report will maintain a weekly (Sunday through Saturday) tally of progress toward this goal.

Department of Mental Health & Substance Abuse Services

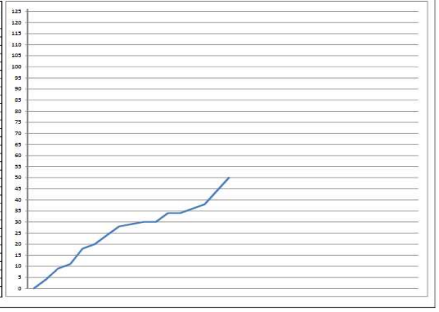
TennCare
Sub-Acute Discharge
Initiative
Weekly Status Report

Initiative Assumptions: The following assumptions are foundational understandings underlying the intent of this initiative.
1. All consumers served at the RMHI are eligible for discharge from the facility.
2. No consumers served at the RMHI should be relegated to live out their lives in the institutional setting, and have a right to be afforded a viable, realistic, workable discharge plan that meets their clinical, medical, and psycho social needs. Consumers with a forensic status/background may present outlying judicial or risk-management issues.
3. The RMHI has the responsibility to begin active discharge planning starting at the time of admission and refine the plan during the course of hospitalization.
4. The MCO has the responsibility to collaborate with the RMHI in provision/development of an array of services to render the discharge plan a reality for consumers served.
5. Consumers who have been deemed eligible for discharge by their clinical Interdisciplinary Treatment Team as no longer meeting criteria for continued commitment to the RMHI will have a discharge plan implemented in a timely, efficient manner through collaboration between the RMHI and the MCO, within ninety (90) days of certification as Sub-Acute.
6. Consumers served in the Sub-Acute Program of the RMHI may present complex medical, psycho-social, as well as institutionalization concerns which will require careful address by both the RMHI and the MCO in the implementation of the discharge plan, including but not limited to transition plans, development of community alternatives, and care coordination between community providers and RMHI direct-care personnel.
7. RMHI licensed beds may be better utilized by redesignating as Acute Care beds to improve the bed compliment available to serve new admissions to the facility.

PROJECT GOAL	126
Patients discharged thus far	50
Remaining to Goal:	76

The MCOs have 50 discharges to date. At this rate, TennCare is predicted to discharge 93 patients by the end of the Initiative. The BenchMark is 126

Sunday through Saturday, the Week of:			# of Pt's Discharged from Sub-Acute
April 1, 2018	to	April 7, 2018	4
April 8, 2018	to	April 14, 2018	5
April 15, 2018	to	April 21, 2018	2
April 22, 2018	to	April 28, 2018	7
April 29, 2018	to	May 5, 2018	2
May 6, 2018	to	May 12, 2018	4
May 13, 2018	to	May 19, 2018	4
May 20, 2018	to	May 26, 2018	1
May 27, 2018	to	June 2, 2018	1
June 3, 2018	to	June 9, 2018	0
June 10, 2018	to	June 16, 2018	4
June 17, 2018	to	June 23, 2018	0
June 24, 2018	to	June 30, 2018	2
July 1, 2018	to	July 7, 2018	2
July 8, 2018	to	July 14, 2018	6
July 15, 2018	to	July 21, 2018	6
July 22, 2018	to	July 28, 2018	
		October 31, 2018	
END OF INITIATIVE			





Progress is also totaled and communicated to the Bureau of TennCare.

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The MOVE Initiative (TMI)



1. Commissioner felt some in RMHIs didn't need to be there
2. AOF in 2016
3. Created with State dollars (TDMHSAS)
4. Future funding stream through MHBG
5. 4 "ACT" Teams with caseloads of 10-15
6. Approximately $225k per team beginning July 2017
7. Team consist of CPRS, MOVE Coordinator, part-time RN
8. AOF for a 5th Team this fiscal to serve rural RMHI

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The MOVE Initiative (TMI)

Mission: To transition adults staying longer than 90 days in a Regional Mental Health Institute (RMHI) to the community with short-term intensive individual, family and housing support services when an individual is identified as clinically ready for discharge.



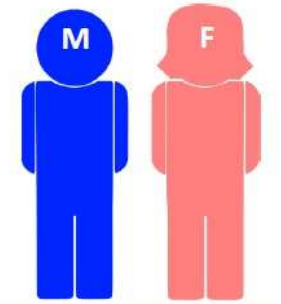
Context	Goals	Strategies	Outcomes
• Barriers to discharge delay transitions for individuals clinically ready for discharge. • Community living options are not accessible. • Clients' legal status is a barrier to discharge. • Clients' previous treatment history and prior hospitalizations are a barrier to treatment.	• To provide recovery-focused, intensive and customized care coordination services in the least restrictive most integrated setting. • To provide continuity of care between the RMHI, families, and community service providers. • To provide care coordination services: 1. Centered on the individual 2. Sensitive to the family 3. Culturally and linguistically competent 4. Community-based	• Develop RMHI/ Community Transition Teams (10:1) for: 1. Care coordination 2. Peer support 3. Medical support • Placement in stable living situations • Maximize service benefits by third party payers • Provide 24/7 access to crisis support • 3/week care coordination for 6 to 12 months • Special assistance funds	• Decreased RMHI length of stay • Restoration or application for service benefits • Client satisfaction with living situation/care coordination • Decreased psychiatric hospital readmissions • Discharge success • Crisis planning • Improved RMHI/ Community relationships • CMHA services initiated • Care coordination plans meet quality standards

The MOVE Initiative (TMI)

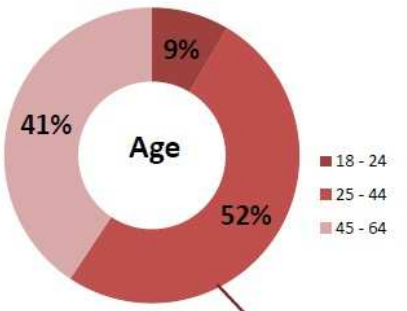


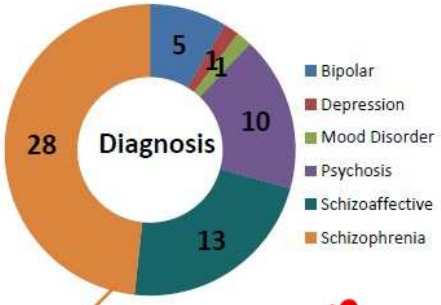
1. Only accepting referrals from the RMHIs
2. Whatever it takes
3. Benefits Assistance and bridge funds
4. Face-to-face minimum x3 per week
5. Housing, State ID, WRAP, physical/dental/CMHC appointments
6. Time-Limited 6-12 months w/ transitioning to independence

The MOVE Initiative (TMI)



71%	29%
N = 41	N = 17

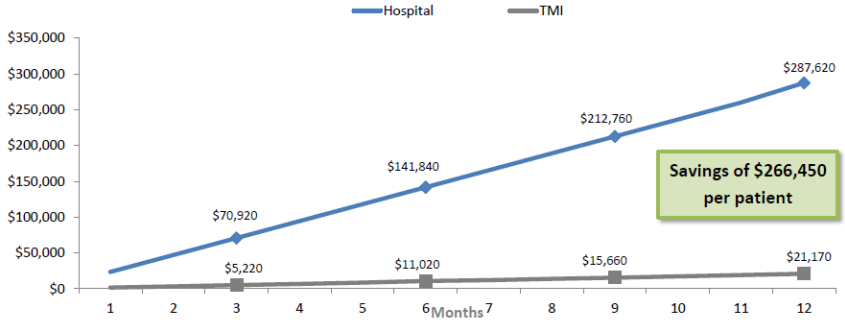




N = 58



The MOVE Initiative (TMI)





	365 days in RMHI	365 days in TMI	Savings of
1 patient	$287,620	$21,170	**$266,450**
20 patients	$5,752,400	$423,400	**$5,329,000**
40 patients	$11,504,800	$846,800	**$10,658,000**

All the Right Moves:
Transitioning Individuals Out of Psychiatric Institutions



Hurdles we face…

1. Conservatorship availability for indigent
2. RMHI Staff possessiveness – Paradigm shifts
3. Low baseline for some patients – institutionalized or otherwise
4. Geographic availability of housing options – not enough in some areas
5. Reluctance of community services to serve higher-need patients
6. Conservator/Family resistance to discharge
7. MCO reliance on existing supports as opposed to developing new resources (TMI!)
8. Mandatory Outpatient Treatment Providers are scarce to serve forensics

Thank You!

TN Department of Mental Health & Substance Abuse Services

