

Applicant Information

1. Legal name of applicant		
2. Organization's Name		
3. Federal Tax ID Number		
4. Organization's Primary Mailing Address	Street:	
	City:	
	Zip:	
5. Primary Contact	Name:	
	Title:	
	Email:	
	Phone:	
6. Secondary Contact	Name:	
	Title:	
	Email:	
	Phone:	
7. If awarded the grant, who will be the authorized signor of the grant contract?	Name:	
	Title:	
	Email:	
	Phone:	

Organization Information

<p>1. List name(s) of Managed Care Organization(s) (MCOs) with which your hospital is contracted.</p>																	
<p>2. Please report your organization's occupancy rate in CY2023. List the number of beds licensed and available beds to patients in CY2023.</p>	<p>CY2023 bed occupancy rate:</p> <p>CY2023 number of licensed beds:</p> <p>CY2023 number of beds available to patients:</p>																
<p>3. Please complete information for population size served in CY2023 (required) and CY2021 and CY202 (optional). This information will be validated through MCO claims data.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #e1eef6;"> <th colspan="2" style="text-align: center; padding: 5px;">Required:</th> </tr> <tr> <td style="width: 70%; padding: 5px;">Absolute # patients served in CY2023</td> <td style="width: 30%;"></td> </tr> <tr> <td style="padding: 5px;">Absolute # TennCare members served in CY2023</td> <td></td> </tr> <tr style="background-color: #e1eef6;"> <th colspan="2" style="text-align: center; padding: 5px;">Optional:</th> </tr> <tr> <td style="padding: 5px;">Absolute # patients served in CY2022</td> <td></td> </tr> <tr> <td style="padding: 5px;">Absolute # TennCare members served in CY2022</td> <td></td> </tr> <tr> <td style="padding: 5px;">Absolute # patients served in CY2021</td> <td></td> </tr> <tr> <td style="padding: 5px;">Absolute # TennCare members served in CY2021</td> <td></td> </tr> </table>	Required:		Absolute # patients served in CY2023		Absolute # TennCare members served in CY2023		Optional:		Absolute # patients served in CY2022		Absolute # TennCare members served in CY2022		Absolute # patients served in CY2021		Absolute # TennCare members served in CY2021	
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Absolute # patients served in CY2021																	
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<p>4. Include the absolute number of TennCare members served in CY2023 for the listed age groups.</p>	<p style="text-align: center;"><u>Absolute number of TennCare members served in CY2023</u></p> <p>Children (Under 12 years of age):</p> <p>Adolescents (Between ages 12 and 17 years of age):</p> <p>Adults (18 and above years of age):</p>																
<p>5. Describe in what area of the state your organization provides services (region, city, and county).</p>																	

<p>6. Describe the primary TennCare member population your hospital serves. At minimum, please address characteristics such as age (children or adults), primary geographic location (rural or urban), and behavioral health needs served (mood disorders, SUD, psychosis, etc).</p>	
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Psychiatric Hospital Grant Application Form

1. Describe how you view the role of the Psychiatric Hospital within the healthcare landscape (maximum 250 words).

2. Describe how your organization plans to use this funding to meet the unique needs of TennCare members (maximum 500 words).

3. Describe current efforts to treat the below special and/or complex populations, including but not limited to any dedicated units, specialized programming, and/or other best practices. If you plan to utilize this funding to enhance services provided to these populations, describe those plans here. If you are not currently treating these populations and plan to utilize funding to begin serving these populations, please include those plans here (maximum 500 words).

- Children, ages 5-11
- Children and/or adolescents with co-occurring IDD
- Children and/or adolescents with co-occurring SUD
- Adults with co-occurring IDD
- Adults, Children, and/or Adolescents with complex medical conditions

4. Describe current initiatives your organization has in place to impact readmission rates and follow-up after hospitalization rates. Describe how your organization plans to utilize this funding to develop and/or enhance initiatives and quality improvement processes to impact readmission and follow-up after hospitalization rates (maximum 500 words).

- Examples: best practices in improving medication adherence (i.e. initiating LAIs, participating in take-home medication programs), providing family/ peer support specialist services, etc.

5. Collaborations with Outpatient Behavioral Health Providers (maximum 750 words).

- a. Describe current collaboration practices with Outpatient Behavioral Health Providers, including but not limited to:
 - i. The names of specific Outpatient Behavioral Health Providers your hospital has current collaborative relationships with
 - ii. How this collaboration impacts treatment outcomes and discharge planning.
 - iii. Any information on how these collaborative relationships have impacted readmission rates and/or follow-up after hospitalization rates
- b. Describe how your hospital plans to utilize this funding to improve or establish collaborative relationships with outpatient providers, including but not limited to:
 - i. The names of specific Outpatient Behavioral Health Providers your hospital will seek to establish and/or improve relationships with
 - ii. Any best practices your hospital plans to initiate to improve collaboration and impact treatment outcomes and discharge planning (e.g., having outpatient providers participate in treatment team meetings, permitting outpatient providers on-site)
 - iii. Describe how these new and/or enhanced practices may impact readmission and follow-up after hospitalization rates

6. Collaborations with TennCare_MCO Case Management Teams (maximum 750 words).

- a. Describe current collaboration practices with the MCOs' Case Management Teams, including but not limited to:
 - i. If your hospital currently permits MCO Case Management teams on-site
 - ii. How current practices impact treatment and discharge planning
 - iii. Any information on how these collaborative relationships have impacted readmission rates and/or follow-up after hospitalization rates
 - iv. Any differences in collaboration that exist across the MCOs your hospital is contracted with
- b. Describe how your hospital plans to utilize this funding to improve or establish collaborative relationships with the MCOs, including but not limited to:
 - i. Plans to permit MCO staff on-site to participation in treatment and discharge planning
 - ii. How any new initiatives may impact treatment outcomes, discharge planning, and readmission and follow-up after hospitalization rates

7. Does your hospital currently utilize the Patient Bed Matching application within the Health Resource Tracking System (HRTS)? If yes, describe the processes your hospital currently has in place for utilizing the HRTS/ Bed Matching application. If no, does your hospital plan to adopt utilization of the HRTS/Bed Matching application as an effort to reduce time patients are waiting in an ED and/or physical health hospital setting for psychiatric treatment? Please describe any other initiatives to reduce wait times for patients to receive services within your hospital (maximum 250 words).

8. If your hospital has other plans to utilize funding to improve the quality of care provided to TennCare members that is not already described above, please describe those plans here (maximum 500 words).

Note: Please complete the Budget narrative (Attachment 2) and Statement of Assurance (Attachment 3).