

MBH TCM Discharge Criteria

*Based on the work and recommendations of the
DHS Adult Mental Health Targeted Case Management work group*

DISCHARGE CRITERIA: (reviewed at least every 180 days)

- **ADULT** - Individual is not age 18 or older, or
- **CHILD** – Individual is no longer 18 or is not eligible to continue MH-TCM under the transition age youth criteria.
- **SPMI CRITERIA** – Individual does not meet definition of having a *Serious and Persistent Mental Illness* (Minnesota Statutes 245.462 Subdivision 20), (Mental health professional furnishes written opinion that the individual no longer meets the eligibility criteria (client has appeal rights); or
- **SED CRITERIA** – Child no longer meets SED eligibility criteria.
- **DIAGNOSTIC ASSESSMENT** - Individual has not had a diagnostic assessment within the past 3 years, and refuses to participate in obtaining one; or
- **OTHER INELIGIBILITY** - Individual is in nursing home and cannot/no plan to return to the community within 180 days; or
- **TRANSFER** – Individual moves - Individual has moved to another county/MCO area (referral made for MH-TCM in new home community); or
- **VOLUNTARY OR COMMITMENT** –
 1. Individual no longer wants MH-TCM (voluntary); or
 2. Status of civil commitment to MH-TCM services by court process (site commitment act) has ended and individual does not want MH-TCM; or
 3. Individual and case manager mutually decide the individual no longer needs case management services; or
 4. Individual refuses services (unless civil commitment); or
 5. Except for an individual in residential treatment facility, regional treatment center, or acute care hospital for the treatment of a serious and persistent mental illness in a county outside the county of financial responsibility, no face-to-face contact has occurred between the case manager and the individual for 180 consecutive days because the individual has failed to keep an appointment or refused to meet with the case manager; or for children there has been no face to face contact between the case manager and the child for 90 consecutive days because the child or child's legal guardian has failed to keep an appointment or has refused to meet with the case manager. Although either a monthly face to face contact with the child or the child's legal guardian is claimable, monthly face to face contact with a child is considered best practice.
- **COVERAGE** - Adult MH-TCM is not a covered service in the individual's health care program, or county is unable to fund the service for the individual who does not have insurance/coverage; or
- **ALTERNATIVE SERVICE** – The individual is offered and accepts an alternative service to adult MH-TCM, (the individual must be given an explanation of what adult MH-TCM is and the benefits of the services and how the alternative service is similar and different than MH-TCM), or
- **GOALS HAVE BEEN MET*** –Individual has been referred/linked to needed resources/services. The services and resources used are stable, are not new; and are working well, or
- **INDIVIDUAL IS NOT ADDRESSING AT LEAST ONE GOAL AREA IN ICSP***, or
- **MONITORING ONLY*** –The case management role is primarily just monitoring the

existing ICSP. The ICSP is adequate to address individual's current goals with current non-MH- TCM services/resources/supports. Individual does not have major unaddressed needs/goals that the individual wants to address at this time. The case manager role of primarily just monitoring has been a maximum of 6 months; or

- **NO SIGNIFICANT FUNCTIONAL IMPAIRMENT** – Individual currently does not have at least one significant functional impairment identified in the functional assessment that the individual is interested in addressing in the ICSP, and for which there is not an ongoing lead provider/resource/support responsible for coordination; or
- **NO CURRENT UNSTABLE SITUATIONS** – Individual currently does not have a significantly unstable situation in at least one of the following for which there is not an ongoing lead provider/resource responsible for coordination/services:
 1. PRESENT OR RECENT HOSPITALIZATION/RESIDENTIAL TREATMENT/PSYCHIATRIC CRISIS
 2. HOMELESS
 3. UNSTABLE MAJOR SYMPTOMS
 4. MAJOR OR MULTIPLE COMPLEX PHYSICAL HEALTH CONDITIONS NOT WELL MANAGED
 5. SIGNIFICANT ANTICIPATED CHANGES*- stressors in an individual's life situation within the next 3 months that are likely to cause decompensation; or
- **NO CURRENT CLINICAL REASONS TO SUPPORT TCM AND SERVICES ARE ONLY REMAINING OPEN IN ORDER TO RECEIVE NON CLINICAL SERVICES, SUCH AS*(this was added by MBH):**
 - In order to continue receiving county financial supports, housing and resources
 - Transportation services
 - Legal advocacy
 - Administration or management of a recipient's medications

*wording was revised from DHS work group draft

Considerations for Telephonic Support Services (TSS):

The above criteria are met **AND**:

- **THE CHRONIC NATURE OF THE MEMBER'S ILLNESS AND LACK OF FORMAL/ INFORMAL SUPPORTS SUGGEST THAT POST DISCHARGE CHECK-INS WOULD SUPPORT THE MEMBER'S CONTINUED STABILITY**

Discharge Criteria for Telephonic Support Services (TSS):

- Length of service would be a minimum of 180 days
 - If stability maintained, they would be discharged
 - If ongoing check in still clinically indicated, will provide service for an additional 180 days and reassess
 - Reassessment will occur a minimum of every 180 days