

**NC DHHS Transitions to Community Living Initiative (TCLI)
Fidelity IPS-Supported Employment (IPS-SE) Participant
ACH In/At-Risk Checklist**

Instructions: Use this form to determine and document basis of ACH In/At-Risk status for individuals receiving Fidelity IPS-SE services. Complete form **ONLY** for individuals receiving Fidelity IPS-SE services. **Ensure documentation on file supports all reported items.**

Today's Date _____	IPS-SE Provider _____	LME-MCO _____
Contact Person (form completed by) _____		Contact Phone _____
Name of Individual _____		CNDS/Medicaid# _____
Address _____		
City _____	State _____	Zip Code _____
Phone _____	Date of Birth _____	Legal Guardian Name _____
Is the individual receiving SSI or SSDI due to Mental Illness? (select) _____		

@ Individual must have a verified diagnosis of SMI/SPMI per NC DMH definition and extended impairment in functioning due to mental illness/reliance on psychiatric treatment, rehabilitation and supports. *Select all that apply and provide requested information for applicable items.*

° Individual has verified diagnosis of SMI/SPMI.
Diagnosis codes (list ALL) _____

" Individual has extended impairment in functioning due to mental illness, or reliance on psychiatric treatment, rehabilitation and supports?

If BOTH boxes are checked, continue to Section II. If A AND B above are not checked, STOP. Individual does not meet TCLI In/At-Risk criteria.

II. Individual is part of the TCLI In/At-Risk population due to one of the following:

- A. Individual with SMI/SPMI is living in an Adult Care Home (ACH).
ACH name _____
- B. Individual with SMI/SPMI is being discharged from state hospital and is homeless.
Date of Discharge _____
- C. Individual with SMI/SPMI is seeking ACH admission, as evidenced by a completed and verified eligible Referral Screening Verification Process (RSVP) screening by the LME-MCO.
TCLI eligible determination date _____
- D. Individual has already been identified as part of the Transitions to Community Living Initiative and has been referred for a TCL housing slot or has transitioned to TCL housing in the community.

If one or more boxes are checked, STOP. Checklist is complete. If no boxes are checked, continue to Section III AND IV.

III. Is the individual at risk of living in an ACH, as evidenced by any of the following? *Select all that apply AND provide requested information for all applicable items.*

- A. Individual had two (2) or more community hospital or Emergency Room visits for psychiatric reasons in past two years.
Hospitals _____
Admission Dates _____
Reasons for Admission _____
- B. Individual accessed Facility Based Crisis, Mobile Crisis Management, or Crisis Center Services for two (2) or more crises in past year.
Service(s) Accessed _____
Dates of Service _____
Reason community-based crisis services were accessed _____
- C. Individual is Homeless (i.e. staying in a homeless shelter or unsheltered).
- D. Individual previously lived in an Adult Care Home.
ACH _____ Dates _____

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If Section III is completed, continue to Section IV.

IV. Functional Impairments

If the individual has been identified as having a functional impairment, you must identify the area(s) and describe what the specific functional impairments are. Any checked boxes require an explanation.

- A. Understanding, remembering, or applying information** (does the individual have issues with memory, following instructions, solving problems, etc.)

- B. Interacting with others** (how does the individual get along with others, manage their anger, etc.)

- C. Concentration, persistence, maintaining pace** (how is the individual's ability to complete a task impacted by their concentration, persistence, and ability to maintain pace)

- D. Adapt or manage oneself** (what is the individual's personal hygiene like, how do they respond to change in their routine or environment, can they set realistic goals, etc.)