

**NC DHHS Transitions to Community Living Initiative (TCLI)  
Pre-Admission Screening and Diversion Worksheet**

This worksheet is intended to assist the LME-MCO in determining if Medicaid-eligible individuals with Serious Mental Illness (SMI) or Severe and Persistent Mental Illness (SPMI) who are being considered for Adult Care Home (ACH) admission potentially meet TCLI Settlement Agreement criteria for the Category 5 priority population and if Diversion activities should therefore be initiated. **Contact referrer, individual, and/or guardian as necessary to assist in answering questions on this worksheet and confirm that documentation on file supports all responses.**

Today's Date \_\_\_\_\_ LME-MCO \_\_\_\_\_

LME-MCO Staff (form completed by) \_\_\_\_\_

Name of Individual \_\_\_\_\_

**Instructions:** Check boxes that apply and follow directions in shaded boxes to determine whether to proceed to next section.

- I. \_\_\_\_\_ Individual does NOT meet TCLI Settlement Agreement criteria for priority populations of individuals who reside in an adult care home (Categories 1-3) or are being discharged from a State psychiatric hospital (Category 4).

**If box is checked, continue to Section II. If box is not checked, STOP and do not complete Sections II, III or IV.**

- II. Individual has a verified diagnosis of SMI or SPMI. *SMI is defined as a diagnosable mental, behavioral, or emotional disorder among people who are age 18 and older that causes serious functional impairment that substantially interferes with or limits one or more major life activities and is unlikely to improve without treatment, services, and supports. SPMI is defined as a disorder that prevents or erodes development of functional capabilities in primary activities of daily living (ADLs) such as personal hygiene and self-care, decision making, and interpersonal relationships, social transactions, learning and recreation activities; SPMI may also be verified by documentation of Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) due to mental illness.*

- A. \_\_\_\_\_ Individual has verified diagnosis of SMI and has functional limitations as specified above. (Diagnosis and functional limitations must be verified by documentation produced within the past 12 months.)

**OR**

- B. \_\_\_\_\_ Individual has verified diagnosis of SPMI and has functional limitations as specified above OR they receive SSI or SSDI due to mental illness. (Diagnosis/functional limitations or SSI/SSDI must be verified by documentation produced within the past 12 months.)

**If either box A or B is checked, continue to Section III. If neither box A nor B is checked, STOP and do not complete Sections III or IV.**

- III. Does individual have verified Medicaid, OR is individual Medicaid eligible, OR does individual have a monthly income of \$2000 or less?

- A. \_\_\_\_\_ Individual has been verified to have Medicaid

**OR**

- B. \_\_\_\_\_ Individual is Medicaid eligible

**OR**

- C. \_\_\_\_\_ Individual is not Medicaid eligible but has a monthly income of \$2000 or less

**If any of boxes A, B, or C is checked, continue to Section IV. If none of boxes A, B, or C is checked, STOP and do not complete Section IV.**

- IV. Is individual being considered for admission to an ACH/domiciliary level of care, AND does the individual have one or more conditions that currently limit their ability to perform Activities of Daily Living (ADLs) independently? *ADLs are tasks performed by an individual that are essential to independent living: bathing, dressing, toileting, eating, and transferring/functional mobility in the home.* (Documentation should include Form FL-2 or Form 3051.)

- A. \_\_\_\_\_ YES, documentation indicates that the individual is being considered for admission to an ACH or has been recommended for a domiciliary level of care.

**AND**

- B. \_\_\_\_\_ YES, documentation indicates that the individual has one or more conditions that currently limit their ability to independently perform Activities of Daily Living (ADLs).

**If both boxes A and B are checked, initiate Diversion activities by completing the RSVP tool and enter here the RSVP#: \_\_\_\_\_**

**If one or both boxes are not checked, STOP; the individual does not meet criteria for the TCLI Category 5 priority population.**