

**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) _____		

**I.** 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.*

- A.** \_\_\_ Individual has verified diagnosis of SMI/SPMI.  
Diagnosis codes (list ALL) \_\_\_\_\_
- B.** \_\_\_ 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 and do not complete Sections II and III.**

- II.** Individual is part of the TCLI In/At Risk population due to one of the following:
- A.** \_\_\_ Individual is living in an Adult Care Home (ACH).  
If yes, ACH name \_\_\_\_\_
  - B.** \_\_\_ Individual is being discharged from state hospital and is homeless or has unstable housing.  
Date of discharge: \_\_\_\_\_  
Why is housing unstable? \_\_\_\_\_
  - C.** \_\_\_ Individual with SMI/SPMI is seeking ACH admission, as evidenced by PASRR screening.  
Date of PASRR \_\_\_\_\_
  - D.** \_\_\_ Individual has already been identified as part of the Transitions to Community Living Initiative (*for example, is receiving TCL In-Reach, has been referred for a TCL housing slot, has transitioned to TCL housing in community, etc.*)

**If one or more box(es) are checked, STOP and do not complete Sections III and IV. 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** (*unable to acquire and maintain regular, safe, secure and adequate housing, or lacks "fixed, regular, and adequate night-time residence"*)  
Is individual currently staying at homeless shelter? (select) \_\_\_\_\_ (If NO, you MUST complete reason individual is homeless.)  
If not at homeless shelter, reason considered homeless \_\_\_\_\_
- D.** \_\_\_ **Individual previously lived in an Adult Care Home**  
ACH \_\_\_\_\_ Dates \_\_\_\_\_
- E.** \_\_\_ **Individual has had criminal justice involvement within the last two (2) years as a result of their mental illness**  
Dates of criminal justice involvement \_\_\_\_\_  
Details of criminal justice involvement \_\_\_\_\_