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| **DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-21076 (03/2021) |  | **STATE OF WISCONSIN** |
| **iNFORMED CONSENT – CHILDREN’S LONG-TERM SUPPORT FUNCTIONAL SCREEN** |
| Name – Child (Last, First, Middle Initial)      |
| The Children’s Long-Term Support Functional Screen (CLTS FS) will be used to determine your child’s **functional eligibility** for the following programs: * Comprehensive Community Service (CCS)
* Children’s Community Options Program (CCOP)
* Children’s Long-Term Support (CLTS) Waiver Program
* Katie Beckett Medicaid

The CLTS FS only determines functional eligibility. It does not determine program eligibility.All information collected in order to complete the CLTS FS is kept confidential. Only staff involved in the child’s care, monitoring quality, or processing or investigating appeals has access to the information.The most current CLTS FS results are deemed the most accurate and must be used in determining program eligibility. If the CLTS FS results indicate that a child is no longer functionally eligible for a program the child currently receive services from, it is the screener's responsibility to inform that program of their CLTS FS results. These functional eligibility results are binding for all programs where the CLTS FS determines functional eligibility.You have the right to appeal functional eligibility determinations and the date of the functional screen. The CLTS FS determination must be provided to you in writing not less than 10 days before the effective date. A denial of functional eligibility or termination of functional eligibility can be appealed via a fair hearing by the State of Wisconsin Department of Administration, Division of Hearing and Appeals:Website: <https://doa.wi.gov/Pages/LicensesHearings/DHAWFSRequestingaHearing.aspx>Phone: 608-266-7709Email: DHAMail@wisconsin.govYou may appeal any part of the initial functional eligibility determination within 45 days of receiving the written notification. You may appeal any part of the annual functional eligibility determination for recertification within90 days of receiving the written notification. As evidenced by my signature, I hereby authorize the use of the Children’s Long Term Support Functional Screen (CLTS FS). I understand that the information provided for the CLTS FS will be used in determining my child’s functional eligibility for the following programs: Comprehensive Community Service (CCS), Children’s Community Options Program (CCOP), Children’s Long-Term Support (CLTS) Waiver Program, and Katie Beckett Medicaid.This consent is valid for 12 months after signing.[ ]  I consent to the CLTS FS being completed.[ ]  I do not consent to the CLTS FS being completed. |
| **SIGNATURE** – Individual who is the Subject of CLTS FS(if age 14 years or older and able to sign) |  | Date Signed |
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| **SIGNATURE** – Other Person Legally Authorized to Consent for Subject of CLTS FS |  | Relationship to Subject |  | Date Signed |