

Children's Long-Term Support Functional Screen

Bureau of Children's Services
Division of Medicaid Services
November 14, 2024

Agenda

- Children's Long-Term Support (CLTS) Program eligibility appeals
- CLTS Functional Screen (FS) best practices
 - ◆ Notes
 - ◆ Mental health/behaviors
 - ◆ Activities of daily living (ADL)/instrumental activities of daily living (IADLs)
- Resources
- Outreach

Teleconference Information

Accessing teleconference materials

- We will send GovDelivery message with a copy of the PowerPoint.
- We will post a recording of this teleconference on our [Vimeo](#) site.

CLTS Program Eligibility Appeals

Tara Sommersberger, Katie Dill, and Mary Schlaak Sperry

Appeal Request Process

- Family receives notice of action (NOA).
- Family notifies Division of Hearing and Appeals (DHA) of their appeal request.
- DHA intakes request and starts fair hearing scheduling process.
- Sent to the county consortium's Income Maintenance (IM) mailbox.
- Consortium is responsible to send out accordingly.

Responding to an Appeal

- Petitioner information
- Benefit information
- Explanation of action

Summary of Action Leading to Appeal

ATTACH THE NOTICE OF ACTION THAT PROMPTED THE APPEAL

Clicking the submit button will open your email program with a data file attached. You may attach the notice to the email

PLEASE SUBMIT THIS FORM, EVEN IF THE ISSUE HAS BEEN RESOLVED.

Petitioner Information

Last First Middle

Address

City State Zip

SSN Medical ID (if applicable)

Benefit Information

CARES # Program/Benefit

Action taken on Benefits

<input type="checkbox"/> Delayed	<input type="checkbox"/> Insufficient	<input type="checkbox"/> Reduced
<input type="checkbox"/> Denied	<input type="checkbox"/> Nonreceipt	<input type="checkbox"/> Repayment
<input type="checkbox"/> Department Review	<input type="checkbox"/> Other	<input type="checkbox"/> Modified
<input type="checkbox"/> Discontinued	<input type="checkbox"/> Recoupment	<input type="checkbox"/> S173

Effective Date of Adverse Action:

Hearing Location

This Office

County where petitioner resides

Other

This hearing is expected to take longer than 15 minutes.

Explanation of Action (why was this action taken and why has the client appealed?)

If your explanation is lengthy or if you have a document you prefer not to retype, please indicate in this box that you will be sending documents by postal mail. If the document is 10 pages or less, you may attach it to the email message that is created when you submit this form.

If you have resolved the issue with the client, please describe the action taken and provide the petitioner with the Withdrawal Request Form.

Preparation for the Fair Hearing

In preparation for the fair hearing, the county must:

- Ensure timelines of returning required documentation is met.
- Ensure county sends all information to DHA and family.
- Ensure county is prepared to discuss rationale grounded in policy, guidance, or program requirements.

Summary of Administrative Law Judge (ALJ) Notes on Remands

Insufficient evidence or testimony presented by the county waiver agency (CWA) during the hearing including:

- Not referencing CLTS Program policy or the decision-making process.
- For eligibility recertification appeals, not indicating how changes in the child's function led to the not functionally eligible (NFE).

Roles in Appeals

- County agency is the agency of action
- Bureau of Children's Services (BCS) reviews eligibility and service appeals
- BCS reviews county's compliance with CLTS Program policy
- BCS reserves right to intervene if policy was not followed
- CWA responsibility outlined in [Chapter 8 of the Waiver manual](#)




What to Expect During the Fair Hearing

- Take place by phone
- Standard hearing time is 30 minutes
- Judge will give a brief overview of the process
- Those that will be testifying are sworn in
- The CWA usually is asked to begin

The Functional Screen and Appeals

- Review Institutional Levels of Care and Target Groups (Eligibility Results Page of the CLTS FS).
- Review the Institutional Levels of Care document for specific criteria needed for eligibility in these areas.
- Review the CLTS Functional Screen Narrative for NFE Results.

Resources for Children's Long-Term Support (CLTS) Functional Screen screeners

- [CLTS FS Clinical Instructions](#) (Updated May 2024)
- [Children's Long-Term Support Functional Screen and Clinical Instruction Updates, P-03083 \(PDF\)](#)
- [Institutional Levels of Care: Children's Long-Term Support Programs in Wisconsin, P-03027 \(PDF\)](#)
- [Sign up for email updates](#) 
- Tools and Guides for CLTS FS Screeners
 - [Creating a Document of Age-Dependent ADL and IADL Questions \(FSIA\), P-03470 \(PDF\)](#)
 - [Creating Timeline Reports in Functional Screen Information Access \(FSIA\), P-03295 \(PDF\)](#)
 - [Diagnosis Cue Sheet, P-00920 \(PDF\)](#)
 - [Norm-Referenced Assessment Tools for Communication and Learning, P-00933 \(PDF\)](#)
 - [Paper Form, F-00367 \(PDF\)](#)
- [Screener Certification On-line Course](#) 
- [Child Development Modules: Typical and Atypical Development](#) 

The Functional Screen and Appeals: Review of NFE Results


Determined On:
10/01/2024

Screen Status:
Active

Work with the existing screen:

EDIT SCREEN


Screen Begin Date:

MM/DD/YYYY 


Create screen for Children's LTS:

INITIAL SCREEN **RESCREEN**

Current Screen Reports:

FS w/Eligibility Report 

VIEW

 **Print NFE Results**

Work with the history screen:

VIEW HISTORY

Utilities:

TRANSFER **ARCHIVE**

DD Level of Care

A child may be assigned this level of care if the child meets **ALL THREE of the criteria listed below** for Developmental Disability.

The criteria are

- 1.The child has a diagnosis of a **Cognitive Disability** that substantially impairs learning and that is expected to continue indefinitely, and
- 2.The child demonstrates **Substantial Functional Limitations** when compared to age appropriate activities that are expected to last a year or longer; and
- 3.The child has the **Need for Active Treatment**

Child's Results

This child does not have a diagnosis of a Cognitive Disability or a similar diagnosis as required to meet Criterion 1 of the DD Level of Care.

SED Level of Care

A child may be assigned a SED level of care if the child meets **ALL FOUR of the criteria listed below** for Severe Emotional Disturbance.

The criteria are

- 1.The child has a **Diagnosis** of a mental health condition; and
- 2.The child's mental health diagnosis or symptoms related to the diagnosis have existed and are expected to persist for a specific **Duration** of time; and
- 3.The child is in need of **Involvement with Service Systems** related to mental health support; and
- 4.The child exhibits **Severe Symptomology or Dangerous Behaviors** at a specific intensity and frequency of required interventions such that without this direct, daily community-based intervention, the child is at risk for institutionalization within a psychiatric hospital.

Standard I: Psychotic symptoms

Standard II: Suicidality

Standard III: Violence

Standard IV: Anorexia/Bulimia

Standard V: Multiple Dangerous Behaviors

Standard VI: Dangerous Behavior PLUS Substantial Social Competency Impairment

Standard VII: Rare and Extreme Circumstances PLUS Dangerous Behavior OR Substantial Social Competency Impairment

Child's Results:

This child does not exhibit the rare or extreme circumstances or substantial social competency impairment required to meet Criterion 4; Standard VII of the SED Level of Care Requirements.

NH Level of Care

A child may be assigned this level of care if the child meets **BOTH of the criteria listed below** for Physical Disability.

The criteria are

- 1.The child has a **Diagnosis** of a medical/physical condition resulting in needs requiring long term care services; and
- 2.The child requires skilled **Nursing Interventions and/or has Substantial Functional Limitations** requiring hands on assistance from others throughout their day.

Child's Results

This child does not require the skilled nursing interventions or does not have substantial functional limitations required to meet Criterion 2 of the NH Level of Care Requirements.

HOS Level of Care

A child may be assigned this level of care if the child meets **ALL THREE of the criteria listed below** for Physical Disability.

The criteria are

- 1.The child needs **Frequent and Complex Medical Care** that require the use of equipment to *prevent life-threatening situations*; and
- 2.The child's complex skilled medical interventions are expected to persist for a specific **Duration** of time; and
- 3.The child's overall health condition must require **Continuous Assessment of an Unstable And Life-Threatening Condition**

The Functional Screen and Appeals: How to Prepare

- Note and explain which items were marked when child was eligible that are not now.
- Be prepared with how that information was gathered:
 - ◆ What questions were asked to gain information?
 - ◆ What documentation was sought and reviewed?

The Functional Screen and Appeals: How to Prepare

- Who was the information gathered from?
 - ◆ Child
 - ◆ Parent/guardians
 - ◆ Collateral contacts
 - School/teachers/therapists
 - Clinics/doctors/counselors

The Functional Screen and Appeals: How to Prepare

- What questions were asked by BCS for the NFE review and what was the response?
- Send documentation that was part of the process to DHA ahead of time:
 - ◆ CLTS FS-current (NFE) and prior (eligible)
 - ◆ Individualized education programs (IEPs) (evaluations that were used in screen completion)
 - ◆ NOAs

The Functional Screen and Appeals: What Happens Next?

One of the three will happen:

- DHA will either agree with the finding
- DHA will disagree with the finding
 - If DHA disagrees with the CWA and issues a remand, it must occur within the timelines directed by the ALJ.
- DHA will ask for another screen to be conducted

Children's Functional Screen Best Practices

Katie Dill and Mary Schlaak Sperry

Purpose of Notes: 1.9 Screening Considerations

C. Additional Notes

The CLTS FS is a functional eligibility tool, **not** an assessment. Screeners may add additional notes on the FS as long as the notes are objective and address the specific areas of skill and development relevant to functional eligibility criteria.

Importance of Notes

- Explain any items that are marked on screen that may be unclear
- Add additional information not captured elsewhere
- If rescreen, comment on changes seen from one year to the next, if applicable

Our (Fictional) Child

Shaun Cassidy

Shaun is a 7-year-old male who has multiple diagnoses in the mental health, developmental, and physical disability domains.

Preparing to Complete Mental Health and Behavior Screen Sections

- Review these sections before the appointment.
- Obtain releases of information (ROIs) to speak with or contact other providers.
- Ask for supporting paperwork and documentation when available.
 - Diagnosing information
 - Recent medical reports
 - Therapy notes
 - School notes or progress reports as well as IEPs/504s
 - Assessments and/or evaluations from school

Preparing to Complete Mental Health and Behavior Screen Sections

- Ask who diagnosed the child, how the diagnosis was made, and when the diagnosis was made.
- Consider what happens across environments.
 - Ask collateral contacts (teachers, therapists, mentors, etc.).
- Ask the parent or guardian what triggers problem behavior and if they or others work to avoid problem behavior.
- What would happen if supports and services ended?

Mental Health Diagnoses

- Shaun is diagnosed with these mental health disorders:
 - ◆ Autism spectrum disorder (ASD)
 - ◆ Attention deficit hyperactivity disorder (ADHD)
- Notes should include the who, when, and where of the diagnoses.

Mental Health Diagnoses: Initial Notes

11/5/2023: Shaun has been determined disabled by the DDB (Disability Determination Bureau). He has the current diagnoses confirmed in a medical record dated 10/15/2023: ADHD (9/2023) diagnosed by Pediatrician Dr. Mena, M.D. at Mayo Clinic; ASD-mild (9/2023) diagnosed by Dr. Kimball, M.D., Pediatric Specialist in ASD, using the Autism Diagnostic Observation Schedule (ADOS)-2 evaluation at the Waisman Center. Shaun's current primary care physician is Pediatrician Dr. Mena, M.D. at Mayo Clinic.
KD/BCS

Mental Health Diagnoses: Rescreen Notes

11/5/2024: Diagnoses and providers are the same as notes for 11/5/2023. KD/BCS

Mental Health Services

- Shaun has had multiple services including medication management, Applied Behavior Analysis (ABA) therapy, in-school supports, as well as appointments with his pediatrician. These services come to three or more hours per week.
- Notes at rescreens should reflect any changes in services that have occurred over the year and any improvement in the child's condition resulting in reduced services.

Mental Health Services

• Attention-Deficit Disorder, Attention-Deficit Hyperactivity Disorder • Autism or Autism Spectrum

* Does the child need more than outpatient counseling to address their mental health or substance use disorder needs?

* If the child has a clinical Mental Health diagnosis, has the diagnosis or symptoms related to that diagnosis, persisted for at least 6 months?

* If the child has a clinical Mental Health diagnosis, is the diagnosis expected to last one year or longer?

* Does the child have any of the following symptoms? (Check all that apply and enter notes below)

Anorexia / Bulimia - Life threatening symptomology

Psychosis - Serious mental illness with delusions and/or hallucinations

Suicidality - Suicide attempt or significant suicidal ideation or plan in the last 12 months

Violence - Life threatening acts

No symptoms apply

* Does the child currently require any of the following services? (Check all that apply)

Clinical Case Management and Service Coordination Across Systems

Criminal Justice System

Mental Health Services (check all that apply)

Psychiatric Medication checks with Psychiatrist or other Physician

Counseling Sessions with Psychologist or Licensed Clinical Social Worker

Inpatient Psychiatric Treatment

Day Treatment - either partial or full day

Behavioral Treatment for Children with Autism Spectrum Disorders under the supervision of a mental health professional

In Home Psychotherapy under the supervision of a mental health professional

Substance Use Services

In-school Supports for Emotional and/or Behavioral Problems

Child has an Individualized Educational Plan (IEP) for Emotional/Behavioral Disorders (EBD) programming. Or the child has an active Behavioral Intervention Plan (BIP) in an Individualized Educational Plan (IEP). Or the child requires informal supports for behavioral intervention on a regular basis

No services required

* If child currently receives or needs any of the above services, are supports, or would supports be more than 3 hours / week combined?

Behavior

- Shaun engages in aggression as well as destruction of property.
- Notes should include how frequent, in what settings, as well as any behaviors that have been extinguished or were present on the last screen but are not present on the current screen.

Behavior: Initial Notes

Aggressive or Offensive Behaviors

Hitting, Biting, Kicking

4 or more days each week



Medical/Professional Treatment



Yes



11/5/2023: Shaun hits his peers daily when they get too close to him in the classroom. Shaun hits his siblings at home when they take his toys. He has not hurt anyone to the point of their needing medical intervention. This behavior is being addressed through ABA therapy and by school personnel. KD/BCS

Behavior: Rescreen Notes

Aggressive or Offensive Behaviors

Hitting, Biting, Kicking

4 or more days each week



Medical/Professional Treatment



Yes



11/5/2024: Shaun's aggression has reduced to an average of three times per week at home and at school when other children take toys from him. This behavior is being addressed through ABA therapy and by school personnel. Without these services in place, Shaun's aggression would return to baseline frequency of 4 or more days each week. KD/BCS

Behavior: Initial Notes

Lack of Behavioral Controls

Destruction of Property / Vandalism

4 or more days each week



Medical/Professional Treatment



Yes



11/5/2023: Shaun throws items around the house and at school daily, often breaking them. This behavior is being addressed through ABA therapy. Teachers will also intervene by having Shaun calm in a separate room during these behaviors.

KD/BCS

Behavior: Rescreen Notes

Lack of Behavioral Controls		
Destruction of Property / Vandalism	4 or more days each week	Medical/Professional Treatment
		Yes

11/5/2024: Shaun throws items around the house and at school an average of two times per week. This behavior is being addressed through ABA therapy. Parents have been taught skills by therapists to mitigate this behavior in the home setting. Teachers will also intervene by having Shaun calm in a separate room during these behaviors. Without interventions, Shaun would engage in this behavior at baseline levels. KD/BCS

Behavior: Initial Notes

11/5/2023: Shaun engages in aggressive acts, running away, and property destruction daily in the home and at school. These problem behaviors are being addressed in ABA therapy sessions and by school personnel. KD/BCS

Behavior: Rescreen Notes

11/5/2024: Shaun engages in aggressive acts as well as property destruction in the home and at school several times a week. These problem behaviors are being addressed in ABA therapy sessions and parents are being taught interventions to mitigate problem behavior. Frequency indicated is how often he would engage in these behaviors without supports and services in place. Running away is no longer marked as this behavior has diminished since medication began.

KD/BCS

Behavior: Module 5.8 Evaluating the Child not the Child in Services

Children's behavior will frequently improve with the addition of needed interventions. It is important to evaluate a child's baseline of behaviors without the services and supports. This evaluation provides a more accurate picture of the child; therefore, screeners should evaluate frequency of behaviors as if the services or supports were removed. If the behavior would increase without the services/supports in place, that frequency must be listed on the CLTS FS.

Preparing to Complete ADL/IADL Screen Sections

- Ask open-ended questions.
- Ask “why” questions.
- Consider what happens across environments.
 - Ask collateral contacts (teachers, therapists, mentors, etc.).
- What happens when supports are absent?
- Have the parent or guardian tell you the process of each daily living skill.
 - ◆ What does child do and what does parent do?
 - ◆ How much of the time?

Preparing to Complete ADL/IADL Screen Sections

- Prepare your questions before the visit based on age cohort.
- Review the examples in the IADL/ADL chart.
- Get signed ROIs before the visit and send to access records (learning and communication) if eligibility is questionable.

Example of ADL Notes

- Notes
- **11/5/2023** Per parent report:
- Bathing: No concerns, Shaun is good about bathing.
- Grooming: Mom shared that Shaun won't brush his teeth on his own; when prompted, Shaun will run away, scream, "No". Mom completes this task for him and holds him while she brushes his teeth.
- Dressing: Shaun will wear the same clothes for at least a week because he is sensitive to tags. He has one or two shirts that he wears because of this. He refuses to wear a coat and would wear shorts year-round.

Example of ADL Notes

- Eating: No concerns, Shaun eats a lot, he runs it all off.
- Toileting: No concerns
- Mobility: No concerns
- Transfers: No concerns

MSS/BCS

ADL Questions on Shaun's Initial Screen

Grooming (Brushing teeth, washing hands and face, hair care. For older age cohorts, consider more advanced grooming skills such as shaving, application of deodorant, and nail clipping.)



* Grooming (Brushing teeth, washing hands and face, hair care. For older age cohorts, consider more advanced grooming skills such as shaving, application of deodorant, and nail clipping.) (6 years to 8 years, 9 months)

Is combative during grooming (e.g., flails, clamps mouth shut, takes two caregivers to accomplish task).

Unable to wash hands or face.

Needs physical help with grooming tasks.

Needs step-by-step cueing during grooming tasks.

None of the above apply.

* Is at least one of the grooming (brushing teeth, washing hands and face, hair care. For older age cohorts, consider more advanced grooming skills such as shaving, application of deodorant, and nail clipping.) functional impairments expected to last for at least one year from the date of screening?



Dressing

* Dressing (6 years to 8 years, 9 months)

Needs physical assistance with getting clothing on/off.

None of the above apply.

* Is at least one of the dressing functional impairments expected to last for at least one year from the date of screening?



Eating

Grooming Age Cohort Questions

6.8 Grooming											
Brushing teeth, washing hands and face, hair care. For older age cohorts, consider more advanced grooming skills such as shaving, application of deodorant, and nail clipping.											
0-6 mos	6-12 mos	12-18 mos	18-24 mos	24-36 mos	36 mos-4 yrs	4-6 yrs	6-9 yrs	9-12 yrs	12-14 yrs	14-18 yrs	18 yrs +
											<input checked="" type="checkbox"/> Indicates that the item on the functional screen should be checked. <input type="checkbox"/> Indicates that the item on the functional screen should NOT be checked.
											Not applicable for the purposes of this screen. This option does not appear on the functional screen because young children are expected to require assistance in this category.
											Is combative during grooming tasks (e.g., flails, clamps mouth shut, takes two caregivers to accomplish task). <input checked="" type="checkbox"/> Exhibits avoidance behavior of the task that is extreme and requires atypical intervention. <input checked="" type="checkbox"/> Needs one caregiver to hold them while another completes the task. <input checked="" type="checkbox"/> Sensory concerns (toothbrush bristles or taste of toothpaste) result in avoidance of the behavior. <input type="checkbox"/> Runs around the house to avoid grooming tasks but eventually complies. <input type="checkbox"/> Doesn't like grooming tasks and fusses a bit but not more than some peers.
											Unable to wash hands.

Dressing Age Cohort Questions

0-6 mos	6-12 mos	12-18 mos	18-24 mos	24-36 mos	36 mos-4 yrs	4-6 yrs	6-9 yrs	9-12 yrs	12-14 yrs	14-18 yrs	18 yrs +
											<p><input checked="" type="checkbox"/> Indicates that the item on the functional screen should be checked.</p> <p><input type="checkbox"/> Indicates that the item on the functional screen should NOT be checked.</p> <p>Needs physical assistance with getting clothing on/off.</p> <p>At this age it is expected that typically developing children can dress themselves and children ages 9 and older are independent in dressing including fasteners.</p> <p><input checked="" type="checkbox"/> A parent or caregiver needs to hold pants while a child steps into them or help pull a shirt over the child's head.</p> <p><input checked="" type="checkbox"/> Puts clothing on by self but clothing is inside out, or backwards or shoes are on the wrong feet.</p> <p><input checked="" type="checkbox"/> Children ages 9 and older who need an adult to assist with buttons, zippers, and snaps.</p> <p><input checked="" type="checkbox"/> Independent in dressing but takes added time, supervision or adaptations to complete the process (sock assist tool, grabbers, etc.).</p> <p><input checked="" type="checkbox"/> Sensory concerns result in resistance to dressing or undressing and significantly impact family routines.</p> <p><input type="checkbox"/> For children under 9, can dress independently but needs help with fine tuning (e.g., tucking shirt in, zipping pants, buttoning shirt).</p>

ADL at Rescreen

- Notes
- **11/5/24** Per parent report:
- Shaun notes he brushes his teeth at least once every day. Mom reported no concerns with frequency of teeth brushing; this has greatly improved in the last year.
- Shaun sometimes wears clothes for 2-3 days in a row. His mom states this happens infrequently.
MSS/BCS

Example of IADL Notes

- Notes:
- **11/05/2023** Per parent report:
- Communication: Shaun is unable to follow a 3 step instruction that is not part of his daily routine. He is able to follow 2 step instructions.
- Communication: He prefers to talk about subjects that he has an interest in; he has difficulty identifying emotions in himself and others.

Example of IADL Notes

- **Learning:** Shaun is unable to sequence how to do complete a task if asked. He is slightly behind his peers in terms of learning. He recently scored an 86 on the Weschler Scale of Intelligence for Children.
- **Social Competency:** Shaun is unable to maintain a friendship with at least one person but does talk about peers randomly. Mom adds he does not show concern for the feelings of friends as he seems confused by why a peer might be crying or upset.

MSS/BCS

IADL Questions on Shaun's Initial Screen (Communication)

*** Communication (6 years to 8 years, 9 months)**

A norm referenced assessment in receptive language within the last three (3) years. (A substantial functional impairment is defined by results that indicate a delay of 30% or greater or 2 Standard Deviations (SD) below the mean.)

Assessment Date: (mm/yyyy)

Assessment Tool:

Other:

Assessment Result: Within normal limits

% delay

Standard Deviations (SD) below the norm

A norm referenced assessment in expressive language within the last three (3) years. (A substantial functional impairment is defined by results that indicate a delay of 30% or greater or 2 Standard Deviations (SD) below the mean.)

Assessment Date: (mm/yyyy)

Assessment Tool:

Other:

Assessment Result: Within normal limits

% delay

Standard Deviations (SD) below the norm

Does not follow 3-step instructions that are related and are not routine.

Does not follow 2 single step instructions given at the same time that are unrelated and are not routine.

Does not use language to share information.
Examples include giving directions, describing feelings, and/or providing details.

Is not understood by familiar people that have contact with the child.

Does not combine 6 or more words into meaningful sentences.
Meaningful= Communicating ideas, thoughts, or needs (excludes repetitive language, echolalia or rote lines from programs).

None of the above apply.

* Is at least one of the communication functional impairments expected to last for at least one year from the date of screening?

Communication Age Cohort Questions (Expressive)

0-6 mos	6-12 mos	12-18 mos	18-24 mos	24-36 mos	3-4 yrs	4-6 yrs	6-9 yrs	9-12 yrs	12-14 yrs	14-17 yrs	18 yrs +	
												<input checked="" type="checkbox"/> Indicates that the item on the functional screen should be checked. <input type="checkbox"/> Indicates that the item on the functional screen should NOT be checked. An R following an item stands for a receptive skill; An E following an item stands for an expressive skill.
												Does not use language to share information (E) <i>Examples include giving directions, describing feelings, providing details.</i> <input checked="" type="checkbox"/> Atypical speech pattern that impairs a child's ability to communicate such as the non-contextual use of jargon, idiosyncratic language, or echolalia. <input checked="" type="checkbox"/> Does not use complete multi word sentences. <input checked="" type="checkbox"/> Does not use grammatically correct sentences including past tense. <input checked="" type="checkbox"/> Can only talk about topics that are important to them and will refuse or are not able to engage in reciprocal conversation with a communication partner. <input checked="" type="checkbox"/> Cannot articulate internal/physical feelings (e.g., bad, happy, excited, hurt, upset, etc...).
												Is not understood by strangers. (E) <i>Children should be 95% intelligible to unfamiliar listeners.</i>

IADL Questions on Shaun's Initial Screen (Learning & Social Competency)

Learning ?

* **Learning (6 years to 8 years, 9 months)**

Has a valid full scale IQ. (A substantial functional impairment is defined by a full scale IQ score of 75 or less.)

IQ Test: Wechsler Intelligence Scale for Children

Score: 86

A norm referenced assessment in cognition within the last three (3) years. (A substantial functional impairment is defined by results that indicate a delay of 30% or greater or 2 Standard Deviations (SD) below the mean.)

Assessment Date: (mm/yyyy)

Assessment Tool:

Assessment Result: Within normal limits
 % delay
 Standard Deviations (SD) below the norm

Does not know common opposites (e.g., tall-short, more-less, hard-soft).

Does not understand sequencing of events.

Cannot name 10 colors.

Does not recognize their first and last name.

None of the above apply.

* Is at least one of the learning functional impairments expected to last for at least one year from the date of screening?

Social Competency/Self-Direction ?

* **Social Competency/Self-Direction (6 years to 8 years, 9 months)**

Does not identify one special friend.
Will play with anyone but does not have a best friend.

Does not participate in groups at play.
Prefer to play by himself/herself rather than be part of a group.

Does not seek information or assistance from parents or teachers.
Does not ask for help (verbally or non-verbally) or seek information from a trusted adult.

Does not have an awareness of another child's need for help or feelings.
Does not recognize when another child is happy, sad or hurt.

IADL's at Rescreen

- **11/5/24:**
- **Communication:** Shaun and his mom reported he is capable of completing multi-task instructions including three-step instructions that are related and are not routine since he is less distracted than last year. Shaun is able to communicate and be understood; he still struggles to have reciprocal communication regarding interests of others but not to himself.

IADL's at Rescreen

- **Learning:** He is now able to sequence events and is doing well in school. His teachers report he is an average student.
- **Social Competency/Self-Direction:** Mom reported that Shaun lacks confidence in some social connections and has a tendency to show-off with peers. He is doing better at knowing when others are mad or sad but mom reports it is still less than 50% of the time.

Specific Questions to ask at Rescreen

- What has changed?
- Why has it changed?
- Are there any concerns that there will be regression?

Questions?



Resources

Katie Dill

Resources for Leads and Screeners

- [Learning Center UW-Oshkosh](#)
- [CLTS Functional Screen Clinical Instructions](#)
- [Wisconsin's Functional Screen webpage](#)
- [DHS CLTS FS Staff email](#)
- [SOS Help Desk email](#)
- SOS Phone: 608-266-9198

Upcoming Outreach Dates

Katie Dill

2025 Teleconference Schedule

- Quarterly, second Thursdays of the month 11 a.m.–12 p.m.
- 2025 CLTS FS Quarterly Teleconferences
 - ◆ February 13
 - ◆ May 8
 - ◆ August 14
 - ◆ November 13