

Children's Long-Term Support
Functional Screen (CLTS FS) Online Course

Module 1: Overview of the CLTS Functional Screen



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Module 1: Overview of the CLTS FS

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1.1 Introduction

- The CLTS FS provides functional eligibility determinations for six programmatic areas, multiple levels of care and target group designations for children from birth through 21 years of age.
- For more information related to the screen's reliability and validity, training to become a certified screener and reference materials for certified screeners, see www.dhs.wisconsin.gov/LTCare/FunctionalScreen.



1.1 Introduction, Continued

The components of the CLTS FS are as follows:

- Individual Information
- Contact Information
- Diagnoses
- Mental Health
- Behaviors
- Activities of Daily Living
- Instrumental Activities of Daily Living
- School and Work
- Health-Related Services



1.1 Introduction, Continued

Screen development criteria that guided these decisions:

- **Objectivity and Reliability:** The CLTS FS is designed to be as objective as possible in order to reach the highest possible “inter-rater reliability” (two screeners would answer the same way for a given child). Subjectivity is minimized to ensure fair and proper functional eligibility determinations, as well as to provide statewide consistency in eligibility determinations.



1.1 Introduction, Continued

Screen development criteria, continued:

- **Accuracy:** Functional eligibility determinations must be correct and must match current accurate decisions in every instance.
- **Brevity:** The CLTS FS determines functional eligibility only as it relates to the levels of care criteria associated with each program's functional eligibility requirements. It serves as a baseline for more in-depth assessment to develop a service plan that reflects each child's and family's strengths, values and preferences.



1.1 Introduction, Continued

Screen development criteria, continued:

- **Inclusive:** Children of all ages with emotional, cognitive, physical or developmental disabilities, with or without skilled nursing needs, can be accurately screened in any setting, from streets to hospitals to institutions.
- **Clarity:** Definitions and answer choices, including diagnoses and nursing needs, must be clear to screeners with a broad array of professional backgrounds and experiences.



1.2 The CLTS FS Determines Functional Eligibility for LTS Programs

- Institutional Equivalent Levels of Care (LOC) for Medicaid Home and Community-Based Services Waivers and the Katie Beckett Program:
 - Hospital (HOS)
 - Psychiatric Hospital (SED)
 - Nursing Home (NH)
 - Intermediate Care Facility for People with Intellectual Disabilities (previously Developmental Disabilities - DD)
- Target Groups:
 - Physical Disability (PD)
 - Mental Health (MH)
 - Developmental Disability (DD)



1.2 The CLTS FS Determines Functional Eligibility for LTS Programs, Continued

- If functional eligibility results do not match the LOC requirements, or if the screener has any questions, then the screener must contact the CLTS FS Coordinator.
- When a person is within the transitional ages of 18 to 22 years of age, long-term care programs will only accept the results from the most appropriate functional screen.
- If a screener is uncertain of the correct functional screen to use, then the screener must contact the CLTS FS Coordinator.



1.3 The CLTS FS Is Required for LTS Functional Eligibility Determinations

- Parent(s) provide(s) informed consent to participate by providing information used to determine functional eligibility through the completion of a functional screen.
- Screening agencies must comply with confidentiality and Health Insurance Portability and Accountability Act (HIPAA) rules and requirements. They must obtain a signed release of information from the child's parent(s) or guardian(s) for the use of medical records, educational records and other records as appropriate before conducting the CLTS FS.



1.4 The Screening and Interview Process

- The screening process requires a face-to-face meeting with the child being screened. This typically occurs with a parent present.
- Certified screeners should use their clinical interview and assessment skills to gather the needed information to complete the CLTS FS.
- Entering information into the CLTS FS is done separately from the interaction with the family and child.



1.4 The Screening and Interview Process, Continued

- Collateral informants include other family members, Birth to 3 program or school staff, formal or informal caregivers, health care providers and others providing services to the child.
- The screener must always have a face-to-face meeting with the child, even if other informants are contacted for information.



1.5 Screening and Rescreening Requirements

- Initial screen to establish functional eligibility prior to receiving services
- Rescreen or recertification
- Note: This can be done more often than yearly



1.6 Reliability of Screen and Screeners

- Screeners must read and closely follow screen definitions and instructions.
- Screeners must address each question carefully to ensure accuracy.
- Screeners must always select the answer that most accurately describes the child's functioning.
- Screeners are prohibited from altering a response to any question in an attempt to make a child functionally eligible or ineligible.
- Screeners are expected to refer all questions and concerns to CLTS FS Coordinator.



1.7 Requirements for Quality Assurance and Screener Qualifications

- The screener must have experience regarding the unique conditions, development, needs and functioning of children with significant disabilities.
- The screener must complete training to be a certified screener, as well as ongoing review of their reliability as a screener.



1.8 Screening Limitations

- Apparently inaccurate reports related to a child’s needs:
 - Ask more questions and rely on professional expertise in interview and observation.
 - Ask the family or child for additional details or a demonstration of a skill.
 - Seek additional information from other people who interact with the child in a variety of settings.
 - Ask, “Given all this information, what would other screeners choose for an answer?”



1.8 Screening Limitations, Continued

- Different descriptions from different people:
 - Ask more questions and rely on professional expertise in interview and observation.
 - Ask the family or child for additional details or a demonstration of a skill.
 - Seek additional information from other people who interact with the child in a variety of settings.
 - Ask, “Given all this information, what would other screeners choose for an answer?”



1.8 Screening Limitations, Continued

- Abilities fluctuate:
 - The CLTS FS is a functional eligibility tool; it is not a complete assessment of a child’s current status.
 - Screeners can add notes or complete a comprehensive assessment using the CLTS FS as a baseline of information.
 - Some guidelines are provided for each page.



1.9 Impending Discharge Back to Home

When screening a child who will be discharged within approximately one week from a skilled health care facility (for example, a hospital, an Intermediate Care Facility for Intellectual Disabilities (ICF-IID), a State Center for Developmental Disabilities or an Institution for Mental Diseases (IMD), complete the screen based on how the child is expected to function upon his or her return home.



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**End of Module 1:
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