

Children's Long-Term Support (CLTS) Functional Screen Teleconference

Bureau of Children's Services
Division of Medicaid Services
September 9, 2021

Agenda

- Summary of Changes to the Clinical Instructions and CLTS Functional Screen (CLTS FS)
- Walkthrough and Demos:
 - ◆ Module 1: Overview
 - ◆ Module 2: Informational Pages
 - ◆ Module 3: Diagnoses
- Resources and Next Steps

Teleconference Information

Accessing teleconference materials

- GovDelivery message
 - ◆ PowerPoint
 - ◆ [Two-Page Summary](#)
- [Vimeo Link](#)
 - ◆ Recording

Teleconference Schedule

Teleconference schedule for 2021:

- September 9
- October 14
- November 4 (this date has been updated)

11 a.m.–12 p.m.

Summary of Changes

Mary Schlaak Sperry

Reasons for CLTS FS Updates

- Incorporated changes over the last six years.
 - ◆ Advances in technology
 - ◆ Updates to testing
 - ◆ Tips/System Change Notices/GovDelivery messages incorporated
- Clarified all process/procedures.
- Modified to concise, transparent language.

Reasons for CLTS FS Updates

- Updated for inclusion and equity initiatives
- Amended for family/person-centered philosophy/language
- Further aligned to:
 - ◆ State/Federal Institutional Levels of Care
 - ◆ Adult Long-Term Care System/Screen

Module 1: Overview

Colleen Medford

Module 1: Overview

What the CLTS FS is

- Determines functional eligibility once per year for multiple programs.
- Determines multiple levels of care and target groups for eligible children.
- All screeners screen for all programs.



New Screen Alert

New Functional Screen

ALERT!

A screen for this child has been calculated within the last 12 months. Please verify that a new screen is required per CLTS FS Clinical Instructions Module 1.5.

Agreement

I have read the statement above and understand that continuing at this time will create a new version of the screen.

◀ PREVIOUS

NEXT ▶

Module 1: Overview

What the CLTS FS is Not

- An assessment of the child or family.
- A place to record financial, personal, or any other information not related to the child's functional abilities.
- A place for general case notes.
- An evaluation of parenting skills.

Module 1

Initial Screen vs. Rescreen

Initial

- The first time a screen is created for a new applicant.
- A child has been awaiting enrollment for a particular program longer than 12 months.
- A child was found non-functionally eligible (NFE) for services or had their services discontinued for over a year.
- A child continues to be eligible for one program used by the screen (e.g., Comprehensive Community Services) but has never been determined eligible for a different program for which the screen determines eligibility (e.g., CLTS Program).

Module 1

Initial Screen vs. Rescreen

A *Rescreen* or recertification screen is required every 12 months for as long as a child is enrolled in a long-term support program.

Children's LTS Screen



Assigned To:

State of Wisconsin

Screener Name:

Medford, Colleen
colleen.medford@dhs.wisconsin.gov

Determined On:

08/25/2021

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

Module 1

The NFE Process

- Have a peer/second screener review screen.
- If child is still determined non-functionally eligible (NFE) screeners **must** [contact DHS](#) to verify the NFE status.
- The screener will **not** check the box on the eligibility results page to transfer the results.
- For rescreens, delay disenrolling the child from the CLTS Program until the NFE determination is confirmed by both the second screener and DHS.

Eligibility Results as of 09/03/2020

Eligibility Program	Eligibility Results	Pending Results
Comprehensive Community Services	Functionally determined to need services	N/A
Children's Community Options Program	Not functionally eligible	N/A
Community Recovery Services	Not functionally eligible	N/A
CLTS Waiver Program	Not functionally eligible	N/A
Katie Beckett Medicaid Eligibility	Not functionally eligible	N/A
MH Wrap Around	Not functionally eligible	N/A

Transfer Level of Care Results

Backdated Eligibility Begin Date (CLTS Waiver only): N/A

Transfer level of care results to iC:

- Initiate the transfer to iC by checking this box and clicking the 'Confirm' button

If you do not check the above box and click the 'Confirm' button, the eligibility results will automatically be sent to iC 31 days from the date eligibility was calculated.

Days Remaining: 25

CONFIRM

Module 1

The NFE Process

If the NFE is confirmed, the county waiver agency (CWA) will send the family a notice of denial, along with a description of the applicant's state appeal and county grievance rights.

Module 1

Determining the Child's needs

- Ask questions of those who know child best.
- Rely on interviewing best practices and techniques.
- Observe child in their environment.
- Have a Release of Information (ROI) signed to gather resources from collateral contacts, if needed.

Module 2: Informational Pages

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Module 2: Informational Pages

- Name changes
- Pseudo Social Security number
- Interpreter information
- When to contact DHS SOS Help Desk

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VIEW



Print NFE Results

Work with the history screen:

VIEW HISTORY

Child's Information

***First Name:**

Natasha

Middle Name:

***Gender:**

Female

***Birth Date:**

04/04/2017

***Social Security Number:**

xxx-xx-4268

View/Edit

Pseudo SSN

Child's Information

***First Name:**

Natasha

Middle Name:

***Gender:**

Female

***Birth Date:**

04/04/2017

***Social Security Number:**

000-00-4268

View/Edit

Pseudo SSN

Module 3: Diagnosis

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Module 3: Diagnosis

- Whose diagnosis is accepted?
 - ◆ Parent report
 - ◆ Physician
- Mental health diagnoses
- Presenting diagnosis
- Diagnosis Cue Sheet

Child's Diagnoses Information

[Diagnoses Cue Sheet](#)

Child's Diagnoses (Check all that apply):

A PRESENTING diagnosis by definition is a diagnosis that resulted in the child having needs that can be addressed through long term support services and will become the direct focus of a service plan for this child.

Diagnosis	Is this a PRESENTING diagnosis?	Diagnosis	Is this a PRESENTING diagnosis?
<input type="checkbox"/> Adjustment Disorder	No <input type="button" value="v"/>	<input type="checkbox"/> Limb missing, severe limb abnormalities, arthrogryposis	No <input type="button" value="v"/>
<input type="checkbox"/> Allergy	No <input type="button" value="v"/>	<input type="checkbox"/> Liver Disease (hepatic failure, cirrhosis)	No <input type="button" value="v"/>
<input type="checkbox"/> Anemia, (e.g., Sickle Cell, Fanconi's)	No <input type="button" value="v"/>	<input type="checkbox"/> Mental Health Diagnosis - Other	No <input type="button" value="v"/>
<input type="checkbox"/> Anorexia Nervosa, Bulimia, or other Eating Disorder	No <input type="button" value="v"/>	Other: <input type="text"/>	
<input type="checkbox"/> Antisocial Personality Disorder	No <input type="button" value="v"/>	<input type="checkbox"/> Metabolic Disorder	No <input type="button" value="v"/>
<input type="checkbox"/> Anxiety Disorder	No <input type="button" value="v"/>	<input type="checkbox"/> Mood Disorder	No <input type="button" value="v"/>
<input type="checkbox"/> Arthritis	No <input type="button" value="v"/>	<input type="checkbox"/> Multiple Sclerosis or ALS	No <input type="button" value="v"/>
<input type="checkbox"/> Asperger's Syndrome	No <input type="button" value="v"/>	<input type="checkbox"/> Muscular Dystrophy	No <input type="button" value="v"/>
<input type="checkbox"/> Asthma	No <input type="button" value="v"/>	<input type="checkbox"/> Musculoskeletal Disorder	No <input type="button" value="v"/>
<input type="checkbox"/> Attention-Deficit Disorder, Attention-Deficit Hyperactivity Disorder	No <input type="button" value="v"/>	<input type="checkbox"/> Neuromuscular Disorder	No <input type="button" value="v"/>
<input type="checkbox"/> Autism or Autism Spectrum	No <input type="button" value="v"/>	<input type="checkbox"/> Nutritional Imbalance (e.g., malnutrition, vitamin deficiency)	No <input type="button" value="v"/>
<input type="checkbox"/> Bi-Polar Disorder	No <input type="button" value="v"/>	<input type="checkbox"/> Obsessive-Compulsive Disorder	No <input type="button" value="v"/>
<input type="checkbox"/> Blind or severely visually impaired	No <input type="button" value="v"/>	<input type="checkbox"/> Oppositional Defiant Disorder	No <input type="button" value="v"/>
<input type="checkbox"/> Brain Disorder (other than seizures) or Brain Damage	No <input type="button" value="v"/>	<input type="checkbox"/> Paralysis Other than Spinal Cord Injury	No <input type="button" value="v"/>
<input type="checkbox"/> Brain Injury-Traumatic (per statutory definition of TBI)	No <input type="button" value="v"/>	<input type="checkbox"/> Paralysis-Spinal Cord Injury	No <input type="button" value="v"/>
		<input type="checkbox"/> Personality Disorder	No <input type="button" value="v"/>

If You See This Diagnosis	Check This on CLTS FS Diagnosis Table
Addison's Disease	Metabolic Disorder
Adenocarcinoma	Cancer
Adjustment Disorder	Adjustment Disorder (must verify diagnosis)
Adrenal Hyperplasia	Endocrine Disorder (not Diabetes)
Adrenal Insufficiency	Endocrine Disorder (not Diabetes)
Adrenoleukodystrophy (ALD)	Metabolic Disorder
Agenesis of the Corpus Collosum (ACC)	Brain Disorder (other than seizures) or Brain Damage
Aggressive Behavior Disorder	Include in Note Section, no Diagnosis checked
Agoraphobia	Anxiety Disorder (must verify diagnosis)
Agranulocytosis	Immune Deficiency
Aicardi Syndrome	Immune Deficiency
AIDS (Acquired Immune Deficiency Syndrome)	Immune Deficiency (Do not include in notes due to confidentiality)
Akathisia (Legs Tighten Up)	Neuromuscular Disorder
Alagille Syndrome	Genetic / Chromosomal Disorder
Albinism	Genetic / Chromosomal Disorder
Alcohol Related Neurodevelopmental Disorder	Fetal Alcohol Syndrome / Effect
Alcoholism / Alcohol Abuse or Addiction	Substance-Related Disorder (must verify diagnosis)
Alfi Syndrome (9p deletion)	Genetic / Chromosomal Disorder AND Cognitive Disability
Allergic to [anything]	Allergy
Alopecia	Include in Note Section, no Diagnosis checked
Alpha-1 Antitrypsin Deficiency	Metabolic Disorder
Alternating Hemiplegia	Paralysis, Other than Spinal Cord Injury
Ambiguous Genitalia	Congenital Abnormality
Amblyopia (Lazy Eye)	Include in Note Section, no Diagnosis checked
Amniotic Bands Syndrome	Congenital Abnormality
Amputation / Missing Limb or Part of Limb	Limb Missing, Severe Limb Abnormality, Arthrogryposis
Amyoplasia	Musculoskeletal Disorder
Amyotrophic Lateral Sclerosis (ALS)	Multiple Sclerosis or ALS
Anencephaly	Brain Disorder (other than seizures) or Brain Damage
Angelman Syndrome	Genetic / Chromosomal Disorder AND Cognitive Disability
Angina	Cardiac Condition

Summary and Next Steps

Mary Schlaak Sperry, Colleen Medford

CLTS FS and Quality Improvement



Minimize time with NFE reviews.

Provide guidelines for internal CWA review.

Reduce time and effort to complete screen.



Increase screener training/outreach.

Added collaboration with stakeholders.

Resources

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

Outreach

- CLTS FS Updates went live Wednesday, 9/8/21, 5 p.m.
- CLTS FS 2021 Teleconferences 9/9/21, 10/14/21, 11/4/21 at 11 a.m.-12 p.m. (Note: November date is updated)
- CLTS FS 2022 Quarterly teleconferences
- Semi-Annual Review of the CLTS FS/Clinical Instructions