



Children's Long-Term Support (CLTS) Functional Screen (FS) Tip: Behaviors

Children's Functional Screen Team

The Centers for Medicare & Medicaid Services requires the state Medicaid agency (Wisconsin Department of Health Services) to retain administrative authority and responsibility for the operation of § 1915(c) home and community-based services waiver programs by exercising oversight of the consistent performance of waiver functions by other state, local, and regional non-state agencies and contracted entities.

The Bureau of Children's Services has established the Children's Functional Screen Team to ensure county waiver agencies follow the requirements for evaluating and reevaluating an applicant or participant's institutional level of care, consistent with the protocols specified in the approved CLTS Waiver Program.

The purpose of the *CLTS Functional Screen Tips* are to support local operating agencies in accurate eligibility determinations by sharing instructional specificity or reiterating current clinical screen instructions for areas where questions arise or errors are noted in the review of screens.

Behaviors

The frequency and current intervention of behaviors are two of the top reasons for inappropriate CLTS FS results of Not Functionally Eligible in 2018. This tip will serve as an adjunct to Module 5 of the Clinical Instructions for screeners.

Frequency

Frequency is measured in days rather than episodes. If the behavior is new, indicate the current frequency of the behavior. If the behavior fluctuates on a predictable basis, indicate the predictable frequency of the behavior. If the behavior fluctuates and is not predictable, then consider it more episodic and select the average frequency of the behavior over the past six months.

When a child is currently displaying a behavior, screeners generally select the correct frequency. If a child exhibited behaviors in the past and then started some type of physical or therapeutic intervention to address those specific behaviors, other than medication, the screener must consider whether those behaviors could resurface if the physical and/or therapeutic interventions were removed.

If the professionals involved agree that the child's behaviors would resurface if the interventions were discontinued, then the screener is directed to check the behavior along with the frequency and intervention of the specific behavior prior to receiving the intervention. In addition, the

screeners must select that the behavior is expected to last six months or longer. Do not try to predict what the behavior would be in the future. The screener should rely on the information available prior to treatment.

Current Intervention

Screeners should select the highest level of intervention that has been used in the last six months or may be used in the future to diminish the behavior. If the action the child is doing meets the criteria for selecting a behavior, it is very unlikely that caregivers ignore the behavior. If a child is participating in therapy, in counselling, or seeing a psychiatrist, behaviors would be discussed during these sessions and the current intervention would be Medical/Professional. If the police have been called related to the behavior within the last six months, the current intervention would be Emergency.

Expected to Last Six Months or Longer?

If the behavior is chronic, then check “yes” for this question. If the screener is uncertain, check “yes” to give the child the benefit of the doubt for the next year, but be certain to review again at time of re-screen.

Examples

Example 1: George has been hitting other children in the classroom and at home on a daily basis. The school placed George in a different classroom with closer supervision. Due to this physical intervention, George no longer hits other children at school. If his parents are in another room, he will occasionally hit his sibling at home. George also sees a therapist once a month. Since this behavior must occur in more than one location some screeners will not add this as a behavior, but that would be incorrect. If George was placed in the regular classroom, he would most likely return to hitting at school as well. The behavior should be added with a **frequency** of four or more days each week. The **current intervention** would be Medical/Professional since George’s behaviors would most likely be discussed in therapy.

Example 2: Laurel darts away from her parents any time she is out in the community, runs from the classroom, and leaves her house when her parents are not watching. She was almost hit by a car while darting out into the street. Laurel does not know her address. Laurel is waiting for behavioral treatment for children with autism spectrum disorders. The school added a behavior intervention plan that includes 1:1 supervision at all times. Her parents have installed locks that Laurel cannot reach at all exits. Laurel no longer runs away at school or home. If Laurel no longer had 1:1 supervision at school or locks that she could not reach at home, she most likely would run away or dart into the road. The behavior should be added with a **frequency** of four or more days each week. The **current intervention** would be Medical/Professional since Laurel’s behaviors would most likely be discussed in behavioral treatment once she is enrolled.

Example 3: Paul leaves his house two to three times a week after curfew. His mom usually knows where he is going, but at times he does not return. The police have been called three times in the past month since he hadn’t returned by one in the morning. The behavior should be added with a **frequency** of one to three days each week. The **current intervention** would be Emergency since there has been police involvement.