

Mental Health and Substance Use Disorder Functional Screen

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Instruction Manual and Best Practices



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

Division of Care and Treatment Services

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Module 1: Overview

1.1 Introduction and history

Wisconsin's Mental Health and Substance Use Disorder Functional Eligibility Screen (hereafter "the screen") was developed in 2001. It is a secure online screen with programmed logic to determine eligibility for mental health and substance use disorder programs for adults (18 and over). It can be completed for youth (16 and over) to allow for advanced planning.

The screen determines eligibility for the following programs:

- **Community Support Programs (CSP)** – CSP provides community-based interdisciplinary social, psychiatric, and employment services to adults with major mental illness.
- **Comprehensive Community Services (CCS)** – CCS is a community-based psychosocial program that provides integrated mental health and substance use services to children and adults. CCS also serves people with only a mental health or substance use disorder diagnosis.
- **Community Recovery Services (CRS)** – CRS assists people living with a mental illness reach their full potential. Participants receive community living supportive services, peer support services, and supported employment services.

The screen includes the following categories:

- **Basic information:** Name of the applicant (the person you are screening to establish medical necessity of services.), date of birth, screen type, etc.
- **Referral source:** Source of referral, primary source of screen information, and where screen was conducted.
- **Demographics:** Insurance, ethnicity, race, interpreter, and court order information.
- **Contact information:** Legal guardian/person responsible for making decisions about medical care, activated power of attorney for health care, and/or other relevant contact information for people such as adult, child, and spouse, etc.
- **Living situation:** Current residence and where the individual would prefer to live.
- **Vocational information:** Current work status, interest in a job, needing assistance to find/apply for work, needing assistance to work, and needing assistance with schooling.
- **Community living skills inventory:** Benefits/resource management, basic safety, social/interpersonal skills, home hazard identification, money management, basic nutrition, general health maintenance, managing psychiatric symptoms, hygiene/grooming, taking medications, monitoring medication side effects, transportation, and physical assistance.
- **Crises and situational factors:** Use of emergency rooms, crisis intervention, and/or detox units; psychiatric inpatient stays; Wis. Stat. Ch. 51 emergency detentions; physical aggression; involvement with the corrections system; and suicide attempts.
- **Risk factors:** Self-injurious behaviors, substance use and the outcomes of substance use, history of trauma or abuse, housing instability, and intensity of treatment/functional severity.
- **Mental health and substance use disorder diagnoses:** Applicable diagnoses per the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR).
- **Other diagnoses:** Diagnoses related to brain/central nervous system, developmental disability, endocrine/metabolic system, heart/circulatory system,

musculoskeletal/neuromuscular system, respiratory system, reproductive system, sensory system, and immune system.

1.2 Purpose

The screen gathers information on physical disabilities, mental health/substance use, infirmities of aging, developmental disabilities, health care, social services, housing, transportation, and employment needs to inform clinical staff of an applicant's individualized needs.

The screen provides a structured mechanism to reduce, as much as possible, variation among screening results. The programmed eligibility logic represents the thinking of experts and yields consistent and accurate results.

The screen is required for adult admissions to CCS and CRS.

The screen is voluntary for admissions to CSP. It is best practice for the screen to be used.

If the screen indicates that the applicant has physical health problems and related activities of daily living deficits, a long-term care functional screen is recommended. The long-term care functional screen determines eligibility for funding through home and community-based services waiver program(s) such as Family Care, Include Respect I Self-Direct (IRIS), Family Care Partnership, and the Program of All-Inclusive Care for the Elderly (PACE).

If an applicant has substance use issues or a diagnosis of substance use disorder, an additional substance use disorder screen is recommended.

1.3 Guiding principles

The following principles guided the development of the screen.

- **Clarity:** Definitions of terms and answer choices on the screen must be clear to every screener.
- **Objectivity and reliability:** Subjectivity of the screen must be minimized to ensure fair and proper eligibility determinations.
- **Brevity:** For efficiency purposes, the screen must be as brief as possible.
- **Inclusivity:** Regardless of age, race, diagnoses, idiosyncrasies, co-occurring disorders, and other life conditions, every individual can be accurately screened with given choices for each question on the screen.
- **Neutrality:** The screen should yield accurate results regardless of circumstances surrounding an applicant's experiences such as:
 - Where the person is living (in a facility, in substitute care, transitional housing, or at home).
 - Whether the person is currently receiving any mental health or substance use services or is waiting for needed services.
 - The cyclical nature of mental illness and substance use disorders (people being found ineligible if they are currently doing well with supports).

1.4 Eligibility criteria

The screen eligibility formula is based on:

- Descriptions of target groups BRC-1 and BRC-2 from the Blue Ribbon Commission on Mental Health.
- Criteria from Wis. Admin. Code ch. DHS 36.
- Criteria from Wis. Admin. Code ch. DHS 63.
- Criteria from Wis. Admin. Code ch. DHS 75.

1.5 Other functional screens

Children's Long Term Support Functional Screen

The Children's Long Term Support Functional Screen captures the needs of a child in a variety of developmental, behavioral, health, and daily living activities. It provides functional eligibility determinations for several programs, four functional levels of care, and three target group designations for children from birth through age 21.

Adult Long Term Care Functional Screen

The Adult Long Term Care Functional Screen is for long-term care programs for people who are frail elders and people who have physical disabilities, dementia, a terminal illness, or intellectual/developmental disabilities. A person must be 18 to participate in a publicly funded long-term care program for which the Adult Long Term Care Functional Screen determines eligibility. These programs are Family Care, Family Care Partnership, PACE, and IRIS. Early screening is available for people at 17 ½ to assist planning for transition to the adult long-term care system.

Personal Cares Screening Tool

The Personal Cares Screening Tool collects information on an individual's ability to accomplish activities of daily living, instrumental activities of daily living, and medically oriented tasks that are delegated by a registered nurse. Activities of daily living include bathing, dressing, grooming, applying prosthetics/braces/anti-embolism hose, eating, mobility, toileting, and transferring. Medically oriented tasks include tasks such as assisting with getting medication from hand to mouth, glucometer readings, urinary catheter site care, administering a suppository, or administering a tube feeding.

1.6 Screener role and qualifications

The screen is completed by a mental health and/or substance use disorder practitioner with input from applicants and supports present for the interview. All people administering the screen must meet the following conditions.

Employment status

Screeners must be direct or contracted employees of county agencies designated by DHS as screening agencies.

Education and experience

- The screener must have at least an associate degree (preferably in a health and human services related field) and at least one year of experience working with at least one of the screen's target populations. **OR**
- The screener's combination of post-secondary education and experience is approved by DHS. **OR**
- The screener has a written plan for formal and on-the-job training to develop the required expertise that is approved by DHS.

Training requirements

DHS requires all new screeners to read this manual and:

- Complete the online course on the screen. **OR**
- Attend an in-person training by DHS staff (or watch a video of the training).

1.7 Screen leader role and qualifications

Each county must assign a screen leader. The screen leader's responsibilities include:

- Facilitating the agency's work regarding the screen, which includes training and mentoring new screeners.
- Ensuring all screeners understand how to complete the screen in a manner that upholds the integrity of the tool.
- Pulling a random sample of screens completed by the agency and reviewing them to ensure they meet quality control standards.
- Serving as the first point of contact when screeners are unsure about how to complete a question or address a unique situation.

Screeners should not interpret questions or make assumptions about how to proceed in situations that are unclear. Instead leave the question(s) that prompted the concern blank and take notes on the situation. Consult the agency screen leader. If the answer is not provided in this manual, the agency screen leader will contact DHS for guidance. Following this approach ensures interpretations are kept consistent and communicated to all screeners.

DHS maintains a database of screen leader names and contact information. Each county is responsible for providing updates to DHS regarding the name and contact information of their screen leader to ensure the state database containing this information is accurate and complete.

If your county has assigned a new screen leader, contact dhsdctsf@dh.wisconsin.gov.

1.8 Quality assurance guidelines

Screeners should use their professional interview skills to gather information in a way that is appropriate for a given person. The screener will need to ask questions in a variety of ways, use communication strategies that best meet the needs of the person being interviewed, and use collateral contacts for additional information as necessary. Collateral contacts include family, significant others, formal or informal caregivers, health care providers, and agencies serving the person.

The screening interview requires the screener to ask probing questions of a very personal nature. The screener must use tact and sensitivity to obtain honest and complete responses. Often, use of open-ended questions will result in the discovery of information that very specific questions will not uncover. Screeners must often look for visual clues, facial expressions, and interactions between the person and their significant others that may indicate undisclosed needs.

When using translators or interpreters during a screening interview, screeners must ensure interpreters understand that a Medicaid functional eligibility determination is being made and that they must not have a personal interest in the outcome of the determination.

When relying on the person, family, friends, or caregivers to provide information during a screen interview, make them aware of the nature of the screen and inform them that coaching of responses or other activities that may result in an inaccurate portrayal of the needs of the person being screened, are not allowed.

Refer instances of alleged Medicaid fraud to the DHS Office of the Inspector General at 877-865-3432.

Consent

The person being screened should consent to completion of the screen and its submission to DHS. No screen should be completed without the person's informed consent. The applicant needs to know what's involved in the screening process and that refusal to participate could affect their eligibility for services. Document the applicant's consent declaration in the basic information page's notes section. Screeners should direct questions about informed consent to the agency's screen lead.

Interview

The screening process requires contact with the applicant being screened. No screen should be completed without a meeting with the applicant, even if they have communication difficulties. An in-person interview is best practice and is encouraged.

The in-person interview can take place in any setting, including the applicant's residence, a group home, day services center, a hospital, or a restaurant. Applicants may have collateral informants (such as family, significant others, formal or informal caregivers, health care providers, and agencies serving the applicant) present during the screen if they choose to do so. It may take more than one contact with the applicant to complete the screen.

In-person interviews can assist in gathering more information on how the applicant is living in their own home, their hygiene, and other factors that may be harder to note through telehealth. If meeting in-person is not possible, telehealth may be used to complete a screen if the appointment meets ForwardHealth guidelines.

If the screener uses telehealth, then change the location of the screen to other and type telehealth in the notes section. It's important to reach out to collateral contacts (with permission from the applicant) to get more information on the applicant's hygiene and living situation if you cannot see it in person.

Screeners should direct questions regarding this guidance to the agency screen lead or DHS.

Health and well-being discussion

The screen can be completed in any order. It should be completed as part of a larger recovery-focused conversation about the applicant's overall health and well-being, not just their needs. A release of information must be signed by the applicant to access collateral information (either written or verbal).

Confidentiality

All professionals involved in the screen have an obligation to protect the confidentiality of the information collected. This includes following the requirements established by the federal Health Insurance Portability and Accountability Act of 1996 (HIPPA). A release of information must be signed by the applicant, their guardian, or their power of attorney to access the applicant's medical records, educational records, or other records necessary to complete a screen.

Tell applicants:

The Mental Health and Substance Use Disorder Functional Screen is completed through a password protected online system. A completed screen can only be seen by coworkers of the screener who also perform screens for the same agency and designated DHS staff. Information about a completed screen, the date the screen was completed, and the agency that completed the screen can be viewed by all screeners across the state. However, the details of an individual screen can only be seen by the agency that completed the screen and designated DHS staff.

The screen forms the basis of a comprehensive assessment by a mental health and substance use disorder provider. To avoid repeating the questions included in the screen during the comprehensive assessment, the provider will ask the applicant to sign a release of information, which allows the screener to electronically authorize the provider to see the applicant's screen. The provider will do a complete assessment building from the information shown in the screen.

Note-taking

All sections of the screen allow screeners to type detailed information provided by the applicant.

Quality notes:

- Assist practitioners in gathering information that may not be collected through the screen.

- Track an individual's progress, or lack thereof, over time.
- Provide the status of services an individual is receiving to meet their functional needs.
- Make it easier to find potential errors made throughout the screen if the screen returns unexpected results and the screener requests a review from DHS.

Sections outlining the functional needs should include clear justification as to why particular answers were selected.

It is best practice for notes to be dated and initialed by the screener.

It is not appropriate to copy notes from previous screens and change the date on them.

For sections such as basic info, demographics or living situation, it is appropriate to state that there have been no changes since last screen. However, for sections such as the community living skills inventory, crisis, and risk factors, it is not appropriate to state no difference since last screen.

1.9 Limitations

It is recognized and shown in research that screens like this one are imperfect. According to national studies, limitations of functional screens include:

- Health care and institutional providers tend to overrate the applicant's dependency on others.
- Guardians, spouses, and family members often tend to overrate the applicant's dependency on others.
- Applicants may be unable to provide accurate information or may exaggerate or downplay their abilities or their need for assistance.
- An applicant's status and abilities fluctuate, making it difficult to choose the most accurate frequency at which help is needed.
- Applicants can provide conflicting information at different times or to different screeners.
- Screen answers vary somewhat depending on whether the screener knows the applicant well or not.
- Screen answers vary somewhat depending on the profession of the screener.
- Some subjectivity remains in some questions, especially in the mental health field.

1.10 Strategies to mitigate limitations

Inter-rater reliability

The goal of the screen is to gather the most accurate possible description of the person's abilities and their needs, which includes ensuring inter-rater reliability. Inter-rater reliability is defined by the American Psychological Association as "the extent to which independent evaluators produce similar ratings in judging the same abilities or characteristics in the same target person or object." To ensure inter-rater reliability:

- **Follow the definitions in this manual.** All questions should go to the agency screen leader.

- **Ask “What objective information do I have? What would a screener from a different gender identity, culture, class, agency, etc., mark based on this information?”** Do not mark an answer based on opinions. Consider what is typical for members of the person’s culture. All questions should go to the agency screen leader.
- **Ask “Does this answer reflect what might be in an initial care plan for this person?”**
- **Collect detailed information from multiple sources, including collateral contacts.** Neither the applicant’s opinions nor the screener’s input alone would generate accurate screens. For many items, functional status is ranked by the frequency at which the person needs help from other people. If someone is marked as needing help from others, then it is expected that either the person is getting the help OR they are suffering negative outcomes or risk thereof from not getting the help. To that end, it is important to gather information from not just the applicant, but from others who know and/or support them such as family members, paid or unpaid caregivers, friends, or other natural or paid supports. Once you have gathered information from the applicant and their supports, then the screen should be completed.
- **Take cultural differences into account.** If you are unclear about a person’s cultural differences, work with the agency screen lead to research the culture at hand or to re-assign the screen to an individual familiar with that culture. Screen leaders should facilitate regular times for screeners to discuss screen questions, especially concerning cultural competence and inter-rater reliability.

Conflicting information

Sometimes screeners will get different information from different sources. Applicants may function less independently in day care facilities or institutions than they do at home. Staff at these facilities may perceive more dependency than family or peers in the community may perceive for the applicant. Screeners should use their best professional judgment to describe the person’s functional abilities as accurately as possible given all the information from multiple sources. If the proper answer is not clear, screeners should discuss the issue with their agency’s screen leader.

Applicant understates or overstates needs

Applicants may understate or overstate their needs. If you suspect the applicant is understating or overstating their needs, ask:

- Have they been doing the task adequately without significant hardship?
- Does someone help them with the task now?
- What have they done (or what would they do) if assistance were not available?
- What would the consequence be if assistance were not available?

If no hardship results from a lack of assistance, it suggests that the person is in fact able to do the task on their own. Screeners should use their best professional judgment to describe the person’s functional abilities as accurately as possible given the information collected. If the proper answer is not clear, screeners should discuss this with the agency’s screen leader.

Needs inventory and practitioner-identified needs

Program eligibilities are based on the need for program services. Thus, the screen is based on an applicant’s diagnoses, symptoms, and need for help from others (functional impairments).

Recovery-oriented systems of care reject the professional knows best model and require that the applicant take an active role in their care. However, mental health and substance use disorder practitioners are responsible for recognizing functional impairments or a need for help that the applicant may not recognize.

It is critically important to consider how the individual would be doing if whatever supports for the individual currently in place were taken away. Would they be able to continue doing the task independently? If yes, you can mark independent. If they would struggle or fail to complete the task on their own, select that they need assistance.

Problematic or unhealthy alcohol and/or drug use

Substance use (alcohol and drug use) is a term that includes the full spectrum of unhealthy use. This spectrum can range from risky use to substance use disorder. Risky substance use is the frequency of consumption in amounts that increase the likelihood of significant impairments. Substance use disorder is when an individual not only has significant impairments or distress due to substance use but the impairments/distress occurs repeatedly and leads to negative consequences.

Significant impairments or distress can include failure to meet responsibilities, physical health problems, mental health problems, dangerous behaviors, social issues, and legal problems. If the screener identifies that alcohol or drug use caused significant impairment or interferes with activities of daily living such as preparing food, grooming, work, socializing, and obtaining stabilized housing, the screener likely will indicate a need for further assessment and assistance with task management to encourage autonomy and well-being.

Screeners need to establish an environment that is comfortable, non-confrontational, non-judgmental, and empathetic where individuals feel they can express their thoughts and feelings about substance use without fear of judgment. Anxiety can affect how the screener asks the question and how the applicant responds to the question. Screeners can help applicants by creating the conditions needed for their applicants to feel safe and free from judgment when answering the screening questions.

- **Be genuine:** This helps create a secure, trusting relationship between you and the applicant. This trust contributes to a feeling of safety, which may help the applicant engage in the screening process more comfortably.
- **Show unconditional positive regard:** The applicant will feel free to express their thoughts and feelings without fear of judgment.
- **Apply empathetic understanding:** This fosters a positive relationship between the screener and applicant and represents a mirror that reflects the applicant's thoughts and emotions to help them gain more insight into themselves and their struggles.

Communication strategies and substance use

- Always remember to focus on the problem, not the applicant.
- Address confidentiality concerns:
 - Be honest and let them know who will or will not have access to their screening.
 - Individuals who have experienced domestic violence may feel more open knowing that the individual who hurt them will not have access to the information on the screening.

- Ask permission: “Would it be alright with you if I asked you some questions about your drinking?”
- Ask for facts rather than displaying judgment.
- Ask general questions to get the conversation started, then dig deeper and ask for specifics around the type of substance used, frequency, and when they used last.
- Use transparency:
 - Explain why you are asking—be open about your reasons.
 - Explain the need to why you are asking specific questions.
- Normalize the problem (if appropriate) and/or the anxiety (“Many people who struggle with substance use have similar struggles”).
- Shift the approach or move to the next question when encountering resistance in responding to a question and come back to that question later.
- Some individuals may feel ambivalence (or resistance) about participating in the screening on substance use. Ambivalence stems from fear of change or fear of consequences if they answer questions truthfully. Confrontational approaches will only increase applicant resistance and discord in the relationship.

Use the OARS Model. OARS is a skills-based model of interactive techniques adapted from an applicant centered approach using motivational interviewing principles.

The OARS Model includes four basic skills:

Open Questions:

- “How would you like things to be different?”
- “What do you think you will lose if you give up ___?”

Affirmations:

- “You are clearly a very resourceful person.”
- “You handled yourself really well in that situation.”

Reflective Listening without judgement:

- “So you feel...”
- “It sounds like you...”
- “On the one hand you want... and on the other hand...”

Summarizing:

- “Let me see if I understand so far...”
- “Here is what I’ve heard. Tell me if I’ve missed anything.”
- “What I’m hearing from you is that you don’t like this idea. Is that an accurate interpretation?”

Frequency of need for assistance

The frequency of need for assistance checked on the screen should reflect actual needs as closely as possible. Do not check a frequency based on what the applicant says they need or don’t need. The screener’s opinion should not factor into the decision on what frequency to check. Check the frequency that most screeners would agree should be in the service or treatment plan for the applicant. Check a given frequency that:

- Includes support provided through talks, reminders, monitoring, and supervision provided by family, friends, and/or paid staff. Example: If the family provides medication reminders every day, daily assistance is the frequency of help needed from others.

- Reflects if the individual verbally denies the need but accepts the help, including visits to monitor, cue, or negotiate.
- Reflects if the individual currently refuses any help or discussion of the topic. The screen is intended to indicate what the person needs, even if they refuse the help. An individualized service plan is negotiated with the applicant, but the screen looks only for needs.
- Reflects the need even if the need exceeds a provider's capacity to provide help at that frequency. The screen seeks statewide consistency in indicating mental health and substance use service needs. Counties vary in how they distribute these services. Screeners need to think beyond their own agency to ask what screeners in other counties would indicate for an individual's needs. This manual is intended to help you do that.
- Reflects the frequencies of practitioner contacts with the individual if the applicant is a current consumer of mental health and substance use services. In this way, completing the screen is like developing the applicant's individualized service plan. If the applicant declines the services, the services should still be marked on the screen.

Remember, the screen looks for help needed from anyone, not just mental health and substance use practitioners.

Ranking fluctuating needs

Mental illnesses and substance use disorders are often cyclical, with varying levels of symptoms and functioning. The screen is not merely a snapshot of the present moment, but an averaging over longer periods, usually from several months up to two years. Every day mental health and substance use disorder practitioners make judgments based on this mix of point in time and historical views to determine the frequency of contacts from the current point in time up to the next few weeks or months. People's needs will change. Predictions are only approximate. However, these need determinations reflect expert judgment (and sometimes research data) of the frequency of interventions needed to promote recovery and prevent crises.

For some community living skills, screeners are asked to indicate the approximate frequency at which help is needed. The choices include:

- **Independent:** The applicant does not require assistance with tasks. They can complete a task, support themselves emotionally, and monitor symptoms without interventions from support staff or natural supports.
- **Less than monthly:** The applicant requires assistance with tasks, emotional support, reinforcement, and symptom monitoring from support staff or natural supports every few months but is otherwise independent. The screener may select this answer if the applicant has recently become independent with a skill but may need some follow-up to ensure task completion. Since applicants may have support needs that may be irregular, using an average over the course of a few months is best practice.
- **1 to 4 times a month:** The applicant requires, on average, assistance with tasks, emotional support, reinforcement, and symptom monitoring at least one time per month. Since applicants may have support needs that may be irregular, using an average over the course of a few months is best practice.
- **More than one time per week:** The applicant requires, on average, assistance with tasks, emotional support, reinforcement, and symptom monitoring more than once per week. Since

applicants may have support needs that may be irregular, using an average over the course of a few months is best practice.

1.11 Impending discharge

When completing the screen with someone preparing for discharge from a mental health facility in the near future, complete the screen based on how the person is expected to function at home when they go home. This looking ahead is a normal part of discharge planning. For example, although the facility administers medications now, mark on the screen if the person will need help with medication administration after they go home. It will take additional time and talking with the individual, facility staff, family, etc., to get the most accurate picture of the person's needs at home after discharge.

Module 2: Basic Information and Demographics

2.1 Introduction

Demographic information collected for the screen does not determine eligibility for services. Some demographic information may be used by state and county officials for resource and budget planning.

Screeners should use the other box to fill in answers that may not be provided in the screen.

2.2 Basic information

Agency information - assigned to

This is a read-only field that the application will fill in automatically with the name of the screening agency. Use the transfer utility to move a screen to another agency.

Screener information - referral date and screener's name

- **Referral date:** Enter the date someone requested that a screen be done. If no one requested the screen or the original referral was made years ago, enter the date you start it.
- **Screener name:** Select your name. If your name is not present or the email that auto-populates is incorrect, contact the agency screen lead.

Screener information - screen type

Select one option.

- **Screen type 01, initial screen** – The first mental health and substance use disorder functional screen completed for the applicant. If the applicant has been enrolled in CSP for years but this is their first screen, check initial screen.
- **Screen type 02, annual screen** – Annual recertification screens may be required to continue in some mental health and substance use disorder programs.
- **Screen type 03, change of condition** – At any time when an applicant's physical, emotional, or living condition changes significantly they may request and/or receive additional screenings. For the mental health and substance use disorder functional screen, a change in condition screen should be completed if a significant change occurs that is likely to last six months or more.

Applicant's information - first name, middle name, and last name

- Enter the name of the applicant.
- Middle name is optional; middle initial is sufficient.
- Last name: If the applicant has a generational suffix title (examples: Jr. or IV) list this in the last name box, following the last name.

Applicant's information - gender

Select the gender identity of the applicant. If the applicant identifies as an option not listed, select their birth sex and note their gender identity and pronouns in the notes section.

Applicant's information - date of birth

The minimum age to enroll in a program connected to the screen is 18. However, to allow for advance planning for youth entering adult services, the screen can be completed for individuals as young as 16.

Enter the applicant's date of birth in **MMDDYYYY** format (example: 01/01/2002). The "/" auto-fills between the field elements.

Dates of birth that make the applicant younger than 16 or older than 150 are not allowed to be entered. The date of birth must be earlier than the screen begin date.

Applicant's information - Social Security Number

Enter the applicant's Social Security Number with dashes (###-##-####). This is a required field. The Social Security Number is hidden after entry except for the last four digits to strengthen security and privacy.

Applicant's information - MCI ID

The applicant is automatically assigned a Master Customer Index (MCI) ID when a screen profile is created with their name. This ID allows for DHS to track unique individuals through programs. Avoid creating duplicate profiles for a single individual. If you have questions, contact the agency screen leader.

Applicant's information - address/city/state/zip and phone number(s)

Enter the full address of the applicant.

If the applicant has a street address and a PO Box, enter the street address on line 1, PO Box on line 2, and use the PO Box ZIP code.

For an applicant who is housing insecure, enter the address they lived at the most in the last six months. If the applicant is homeless, enter "homeless."

If the applicant is currently in a hospital or other facility (nursing home, community-based residential facility) with no intention of moving into their own independent residence, then the hospital or other facility may be considered their permanent residence.

If the applicant is in a hospital or other facility but maintains an apartment or home in the community with the intention of returning in the next few weeks, the apartment or home is considered the permanent residence.

The phone number field(s) is optional. Still, try your best to enter at least one phone number. This information is important for clinicians to contact the applicant. If the applicant doesn't have a phone number, leave the fields blank and mention the best way to reach them or a place to find them in the notes section.

Applicant's information - county/tribe of residence and county of responsibility

In most cases, the county/tribe of residence and the county of responsibility is the same. In some cases, an applicant may live in one county or tribe, but another county is responsible for services, costs, and/or protective services. For the purposes of the screen, residency is physical presence or the intent to reside. The screen assumes county of responsibility to be the same as county/tribe of residence. This can be overridden if different counties/tribes are involved.

2.3 Referral source and primary source for screen information

Referral source information - referral source

Select the box that best describes who referred the applicant for a screen. If the referral source is not included in the list provided, select other and write in the referral source in the text box.

Primary source information - primary source for screen information

This question is meant as a quality assurance reminder that screeners must not take shortcuts and complete a screen by only talking with caregivers, staff, etc. If the applicant is not the primary source of information, it is expected that in most cases other parts of the screen will indicate significant cognitive limitations.

Primary means the majority, over 50 percent. Please select the one source that most accurately reflect the primary source for screen information. In most cases, the primary source for screen information should be the applicant themselves. Often, screeners will also need to have collateral (additional) contacts with family, residential staff, and health care providers, but these contacts are additional contacts, not primary contacts.

If an interpreter is used, the applicant (not the interpreter) is still the primary source of information.

Screen interview information - where screen interview was conducted

Select one location where the screen was conducted. If the screen was conducted in different locations over a few days, select the most recent location and indicate such in the notes section.

Person's current residence includes private homes, residential facilities, or nursing homes.

Nursing home: This refers to a place where five or more people who are not related to the operator or administrator reside. Because of their mental or physical condition, they require access to 24-hour nursing services, including limited nursing care, intermediate level nursing care and skilled nursing services. Nursing home does not include any of the following:

- A convent or facility owned or operated exclusively by and for members of a religious order that provides reception and care or treatment of an individual.
- A hospice, as defined in Wis. Stat. § 50.90 (1), that directly provides inpatient care.
- A residential care apartment complex.

Temporary residence (non-institutional): This refers to an applicant staying with family or friends temporarily (example: The stay is to recuperate from an illness or surgery). This option also includes temporary stays in residential facilities, such as respite in a community-based residential facility. Do not select this option if the applicant is in an institution such as hospital, institution of mental disease, or nursing home.

Other includes locations not already specified in the above categories, such as telehealth, schools, local restaurant, etc. If other is selected, the screener must write where the screen was conducted in the notes section. If telehealth is used, the screener must note this in the notes section.

2.4 Demographics

Medical insurance information - Medical insurance

Check all that apply.

If Medicare is checked, enter the applicant's Medicare number, and indicate if the applicant has Part A or Part B in the notes section.

Private insurance includes employer-sponsored insurances available as a job benefit and insurance purchased through the Affordable Care Act.

BadgerCare and Medicaid Purchase Plan (MAPP) are forms of Medicaid. If the person is on BadgerCare or MAPP, selecting the Medicaid box will autofill their Medicaid number. Make a comment about which coverage they have in the notes section.

Ethnicity and race information - Ethnicity

Hispanic or Latino ethnicity is included to provide data for federal reporting and quality improvement efforts. This is not a required field. It is expected that this field is completed unless the applicant objects. The content of this section follows federal standards.

Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race.

Ethnicity and race information - Race

Race is included to provide data for federal reporting and quality improvement efforts. This is not a required field. It is expected this field is completed unless the applicant objects. The content of this section follows federal standards.

- **American Indian or Alaska Native:** People having origins in any of the original people of North and South America (including Central America) who maintain tribal affiliation or community attachment. It includes people who indicate their race or races as Lake Superior Chippewa, Ho-Chunk Nation, or Oneida Nation.
- **Asian or Pacific Islander:** People having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent. It includes people who indicate their race or races as Asian Indian, Chinese, Filipino, Korean, Japanese, Vietnamese, or Other Asian, such as Burmese, Hmong, Pakistani, or Thai.

- **Black or African American:** People having origins in any of the Black racial groups of Africa. It includes people who indicate their race as Black, African American, and Afro American, such as Nigerian or Haitian.
- **White:** This refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as White, such as Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish.
- **Native Hawaiian or other Pacific Islander:** This refers to people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicate their race or races as Native Hawaiian, Guamanian or Chamorro, Samoan, or Other Pacific Islander, such as Tahitian, Mariana Islander, or Chuukese.

Check all that apply for an applicant with mixed heritage.

Interpreter - if language interpreter is required

Health and human services providers are required under the Affordable Care Act to provide interpreters for people who need them. Leave this table blank if no interpreter is needed. Select the appropriate language if an interpreter is needed. If other is selected, write in the language needed.

Court order or negotiated settlement for treatment

Court orders are issued by a judge during a probable cause or final hearing to involuntarily commit an individual to a psychiatric institution or for community-based treatment. If an individual was involuntarily committed to treatment by a judge, select yes.

Applicants sometimes are offered a voluntary negotiated or contracted settlement agreement to abide by treatment orders in lieu of potentially being ordered into treatment during a court proceeding. If an individual has an active settlement agreement, select yes.

Conditions of probation are not considered court orders nor negotiated settlements. If there are conditions of probation related to an applicant's treatment, indicate this in the notes section.

2.5 Contact information

For each contact listed in this section, select the relationship the contact has to the applicant. If one individual is the primary contact over any other listed contacts, list them first and indicate this in the best time to contact and/or comments section. The middle initial is optional for all contacts in this section. List details related to the collateral contacts in the notes section.

Legal guardian responsible for making decisions about medical care

If the applicant has a guardian of person, provide the guardian's name, address, and phone number.

- If a person has been found incompetent and has a court-appointed guardian of person, select yes.
- If a person has not been found incompetent and does not have a court-appointed guardian of person or the applicant only has a court-appointed guardian of estate, select no.

This section focuses on medical care. The need for help with money management is captured elsewhere on the screen.

The guardian of person information is necessary to complete the screen for applicants with a guardian of person. The applicant and guardian of person must sign the screen to finalize it.

The contact information supplied may be used to notify the guardian of person of the applicant's eligibility determination.

Please note in the best time to contact and/or comments section if this individual is the primary contact.

Activated power of attorney for health care responsible for making decisions about medical care

Some people may have a durable power of attorney for health care document drafted by their attorney that they think has been active from the time it was written. However, such documents do not count as activated power of attorney for health care. A power of attorney for health care is in force when it is filled out, but the applicant makes all their own decisions until they lose the ability to do so. The power of attorney for health care cannot make decisions for the person until after they are incapacitated. That is what is meant on the screen by activated. A power of attorney for health care is activated only when the applicant has lost their capacity to make their own health care decisions. Activation usually requires documentation by two physicians.

Leave this table blank if the applicant does not have an activated power of attorney for health care or a durable power of attorney.

Please note in the best time to contact and/or comments section if this individual is the primary contact.

Other contacts - adult child, ex-spouse, spouse, parent/stepparent, sibling, other family member, case manager, representative payee, and others

List individuals who may be primary contacts or important contacts during the screening process or in the future. It is not necessary to list the applicant's probation officer or former spouse unless these people participated in the screen interview and the applicant agrees they are important contacts.

If the applicant is a minor, enter their parent's name and contact information for a parent who has legal responsibilities for the child's medical decisions (a parent who would receive mail from Medicaid and the county). A second parent can be entered by selecting the add new button.

Parental information can be added if the applicant is not a minor and the applicant gives permission for them to be listed as a contact.

Complete this section only with the applicant's permission. Preserve confidentiality.

Please note in the best time to contact and/or comments section if one of these individuals is the primary contact.

2.6 Living situation

Current residence and where the applicant prefers to live

You may only select one option for both questions. If you select other, enter an explanation in the other box.

Once you determined where the applicant currently resides, ask the applicant where they want to live. Ask questions to help the applicant articulate their preference and select the answer that best describes what the applicant says. Explain their options. Do not select the answer that other people prefer for the applicant or the option that seems most realistic for the applicant. If the applicant says they want to have a place of their own, select own home or apartment. Do not select someone else's apartment or residential care apartment complex even if that may be what the person will need.

This question allows researchers to track data regarding whether applicants are living where they want to live and changes over time.

Answer options:

- **Own home or apartment (alone or with someone):** Select this option for applicants who live in their own home or apartment, either alone or with a roommate. Select this option for applicants up to age 19 still living in their parent's or guardian's home.
- **Someone else's home or apartment:** Select this option for applicants age 19 or over still living in their parent's or guardian's home.
- **Residential care apartment complex (RCAC) or other supported apartment program:** Select this option for an independent apartment complex where five or more adults reside. Apartments must each have a lockable entrance and exit; a kitchen, including a stove (or microwave oven); and individual bathroom, sleeping, and living areas. Residential care apartment complex is a type of assisted living.
- **Adult family home:** This refers to a private residence where people who aren't related to the caregiver live. The residents get care that's beyond room and board. This can include up to seven hours per week of nursing care per person. An adult family home is a type of assisted living.
- **Group-home – CBRF (community-based residential facility, child caring institution):** This refers to a place where five or more adults live who are not related to the operator or administrator. The residents do not require care above intermediate level nursing care. There may be treatment and other services that are above room and board but no more than 3 hours of nursing care per week per resident.
- **Transitional housing:** This refers to certified or licensed housing provided by human services agencies or the corrections system.
- **Nursing home:** This refers to a place where five or more people who are not related to the operator or administrator reside. Because of their mental or physical condition, they require access to 24-hour nursing services, including limited nursing care, intermediate level nursing care and skilled nursing services. Nursing home does not include any of the following:
 - A convent or facility owned or operated exclusively by and for members of a religious order that provides reception and care or treatment of an individual.

- A hospice, as defined in Wis. Stat. § 50.90 (1), that directly provides inpatient care.
- A residential care apartment complex.
- **ICF-MR/FDD/DD center/state center for developmental disabilities.** This refers to a facility serving people with development disabilities. These are residential facilities that serve four or more people for the purpose of diagnosis, treatment, or rehabilitation of people with intellectual disabilities and related conditions. Residents receive active treatment, ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitative services to help them function at their greatest ability.
- **Mental health institute/state psychiatric hospital:** This refers to a facility operated by DHS that provides specialized psychiatric services.
- **Other IMD - institution for mental disease:** This refers to a hospital, nursing facility, or other facility of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of people with mental diseases.
- **No permanent residence:** This refers to living on the street or in a shelter, living in a car, or temporary stays (days or weeks) at the homes of family and friends.

2.7 Vocational information

Wisconsin is committed to removing barriers to employment for people with disabilities who want to work. This section gathers work-related information. The information collected is used to improve employment outcomes for people receiving mental health and substance use services.

Current work status

Select only one option. If you select other, enter an explanation in the other box.

- **Full-time competitive employment** is work that is performed on a full-time basis (30 hours per week or more) for which an individual is:
 - Compensated at or above minimum wage and comparable to the customary rate paid by the employer to employees without disabilities performing similar duties and with similar training and experience.
 - Receiving the same level of benefits provided to other employees without disabilities in similar positions.
 - At a location where the employee interacts with other individuals without disabilities.
 - Presented opportunities for advancement similar to other employees without disabilities in similar positions.
 - If the individual is self-employed, their self-employment is considered full-time competitive employment if their work yields an income that is comparable to the income received by other individuals who are not individuals with disabilities and who are self-employed in similar occupations or on similar tasks and who have similar training, experience, and skills.
- **Part-time competitive employment** is work that is performed on a part-time basis (less than 30 hours per week) for which an individual is:
 - Compensated at or above minimum wage and comparable to the customary rate paid by the employer to employees without disabilities performing similar duties and with similar training and experience.
 - Receiving the same level of benefits provided to other employees without disabilities in similar positions.

- At a location where the employee interacts with other individuals without disabilities.
- Presented opportunities for advancement similar to other employees without disabilities in similar positions.
- If the individual is self-employed, their self-employment is considered part-time competitive employment if their work yields an income that is comparable to the income received by other individuals who are not individuals with disabilities and who are self-employed in similar occupations or on similar tasks and who have similar training, experience, and skills.
- **Sheltered workshop/pre-voc** (or prevocational services) is defined as a non-competitive, non-integrated job which is not open to the public. The person does not have to apply for nor compete for the job. Human services staff are present to assist participants. This category includes group supported employment, transitional employment, temporary work experiences, and any other employment opportunity where the place they are working for is not the employer of record.
- **Retired** is defined as withdrawal from one's position, occupation, or from active working life while receiving retirement benefits. Applicants can be considered retired if they are younger than 65 and have retired early, however their retirement cannot be due to health issues. Do not check if the applicant stopped work due to disabilities, mental illness, or other physical health problems, even if applicant prefers to use the term retire.
- **Not employed** is defined as an individual who is not retired, is of working age (at least age 16), and is currently not working. Do not check if the person is on medical leave from a job. In this case, they are still employed.
- **Unpaid work** covers someone who is a homemaker, caregiver, volunteer, or student. This category does not influence eligibility. It was added to recognize unpaid labor.
- **Other** includes any situations that are not captured in the above categories.

Interest in a job

Select only one option.

- **Interested in having a job or interested in having a new job** is defined as when the applicant is not currently working but wants a job or if the applicant has a job but wants a different one.
- **Not interested in having a job or a new job** is defined as when the applicant is not interested in having a job or if the applicant is employed and does not want to change jobs.
- **Wants to work but is afraid of losing MA and SSA benefits** is defined as when the applicant wants a paying job but does not have one because they are afraid of losing their benefits due to earning too much money.

Needs assistance to find/apply for work

- Select **NA** if the applicant does not want a job or if the applicant is not interested in finding a new job.
- Select **Independent** if the applicant wants to find a job but does not need assistance to do so.
- Select **Needs Assistance** if the applicant needs help finding a job, such as looking through employment ads, completing an application, developing a resume, etc.

Needs assistance to work

- Select **NA** if the applicant does not work nor wants to work in the future.
- Select **Independent** if the applicant has applied for and maintained jobs without assistance from support staff.
- Select any of the other options (based on an estimated frequency of assistance needed) if the applicant needs assistance to function at a job. Assistance includes monitoring, supervision, reminders, coaching, and/or direct service. Assistance may help the applicant show up on time, dress appropriately, perform expected tasks, perform in cooperation with others, and complete other work-related tasks. (This does not include transportation, which is covered elsewhere.)

Needs assistance with schooling

- Select **NA** if the applicant does not attend school nor wants to attend school in the future.
- Select **Independent** if the applicant has applied for and maintained schooling without assistance from support staff.
- Select any of the other options (based on an estimated frequency of assistance needed) if the applicant requires assistance finding or applying for school and to function at school. This includes registering for school, scheduling classes, showing up on time, performing in cooperation with others, etc. This does not include educational tutoring nor assistance due to a learning or intellectual disability.

Module 3: Community Living Skills Inventory

3.1 Introduction

Need for assistance defined

Eligibility for services is based on an applicant's need for assistance. Need for assistance is any kind of support from another person (monitoring, supervising, reminders, verbal cueing, or hands-on assistance) needed because of a mental health and/or substance use disorder. When someone has complex needs, it is difficult, if not impossible, to separate the reasons for their functional impairments. For such individuals, mark help needed in community living skills in the screen. If the person has mental illness and/or substance use as well, they could be eligible for long-term care and mental health and substance use disorder programs. If a person has only dementia, they should be referred for a long-term care functional screen.

General guidelines for answer selections

- Always select the answer that most closely describes the person's need for help from another person no matter if they are receiving help.
- Always select only one rating of help needed with each activity.
- Each skill has its own definition purposefully constructed for the screen. Screeners must follow the definitions listed in this document to select the most accurate rating for level of help needed.
- Indicate the amount of help the person needs from another person no matter who is providing the help and no matter where. (When a person is to be discharged from a facility within a few days, estimate what they'll need in their new setting.)
- If a person can complete a task independently, but it takes them a very long time, consider if the person needs any help with that task to complete it safely and without negative outcomes. If they are in fact completing tasks safely, it does not matter if it takes two or three times longer than for most people. However, if there were significant hardships or negative outcomes for the person doing the task so slowly, it would be justified to mark the person as needing help.
- In the screen, basic means adequate for health and safety.
- Needs and safety should not be over interpreted. The screen is intended to be an objective review of a person's need for assistance. Thus, ask: "Would a screener with a different professional background, gender, culture, etc., rank the person the same way?" (See Section 1.8 for more information relating to inter-rater reliability.)
- If the applicant needs help due to a physical impairment from a disability or impacts of aging, do not check community living skills in the screen. Such needs are to be indicated only in the last item in this module, physical assistance.
- Do not check assistance needed if the assistance is due only to cultural or language differences.
- Do not check help needed for money management and basic nutrition if all the person needs is transportation to the bank or stores. The transportation issue is captured in the transportation question.
- Because the definition specifically mentions support from another person, the need for assistance does not include support through self-help programs, medication, monetary resources, or medical equipment.

Frequency of help needed

The frequency of need for assistance checked on the screen should reflect actual needs as closely as possible. Help includes support provided through talks, reminders, monitoring, and supervision provided by family, friends, and/or paid staff. Example: If the family provides medication reminders every day, daily assistance is the frequent of help needed from others.

The frequency of help needed options in the screen vary by question.

Do not check a frequency based on what the applicant says they need or don't need. The screener's opinion should not factor into the decision on what frequency to check. Check the frequency that most screeners would agree should be in the service or treatment plan for the applicant.

If the applicant verbally denies the help, but accepts the help, check the appropriate box for the frequency of need for assistance for that item. This would include visits to monitor, cue, or negotiate.

If an applicant denies the need for assistance and will not allow assistance to be provided, answer the questions based on what the applicant could benefit from. Check the appropriate box for frequency of need for assistance for that item based on the screener's understanding of the person's needs during the screening process. The screen is intended to indicate what the person needs, even if they refuse the help. An individualized service plan is negotiated with the applicant, but the screen looks specifically for needs.

If the applicant is a current consumer of mental health and substance use disorder services, frequencies selected will usually match frequencies of practitioner contacts with the individual. In this way, completing the screen is like developing the applicant's individualized service plan.

Check the appropriate box for frequency of need for assistance for an item based on the applicant's need, not the capacity of the screener agency to provide help to the applicant.

If the applicant shares that they receive help from natural supports, such as family or friends, then check the appropriate box for the frequency of need for assistance for that item. The screen is meant to capture assistance provided from anyone in the applicant's life, including their natural supports.

Selecting a frequency of help needed can be difficult because the applicant's needs may not be obvious. Their needs may vary because of the cyclical nature of mental illness and substance use disorders. Mental health and substance use disorder providers have always had to estimate frequency of help needed based on limited information when developing an initial service plan for a consumer. Use the same professional judgement in this section of the screen.

Ranking fluctuating needs

Mental illnesses and substance use disorders are often cyclical, with varying levels of symptoms and functioning. The screen is not merely a snapshot of the present moment, but an averaging over longer periods from several months up to three years dependent upon the section. Every

day mental health and substance use disorder practitioners make judgments based on this mix of point in time and historical views to determine the frequency of contacts from the current point in time up to the next few weeks or months. People's needs will change. Predictions are only approximate. However, these need determinations reflect expert judgment and sometimes research data of the frequency of interventions needed to promote recovery and prevent crises.

For some community living skills, the choices include:

- **Independent:** The applicant does not require assistance with tasks. They can complete a task, support themselves emotionally, and monitor symptoms without interventions from support staff or natural supports.
- **Less than monthly:** The applicant requires assistance with tasks, emotional support, reinforcement, and symptom monitoring from support staff or natural supports every few months but is otherwise independent. The screener may select this answer if the applicant has recently become independent with a skill but may need some follow-up to ensure task completion. Since applicants may have support needs that may be irregular, using an average over the course of a few months is best practice.
- **1 to 4 times a month:** The applicant requires, on average, assistance with tasks, emotional support, reinforcement, and symptom monitoring at least one time per month. Since applicants may have support needs that may be irregular, using an average over the course of a few months is best practice.
- **More than one time per week:** The applicant requires, on average, assistance with tasks, emotional support, reinforcement, and symptom monitoring more than once per week. Since applicants may have support needs that may be irregular, using an average over the course of a few months is best practice.

Impending discharge

When completing the screen with someone preparing for discharge from a mental health facility within the next few days, complete the screen based on how the person is expected to function at home. This looking ahead is a normal part of discharge planning. For example, although the facility administers medications now, mark on the screen if the person will need help with medication administration after they go home. It will take additional time and talking with the individual, facility staff, family, etc., to get the most accurate picture of the person's needs at home after discharge. The screener must be able to envision the person at home.

3.2 Specific community living skills

Each community living skill or activity has its own description, which serves as the primary guide for screeners. The following sections provide additional instructions and examples of when the definition does or does not apply. These examples are not exhaustive or all-inclusive; they only supplement the definitions.

Please be sure to refer to the best practices for interviewing applicants section listed below for reference as the applicant is interviewed.

Best practices for interviewing applicants

- Follow the definitions outlined in this manual.
- Take cultural differences into account.
- Collect detailed information from multiple sources, including collateral contacts.
- Ask yourself:
 - What objective information do I have? What would a different screener, with a potentially different gender identity, culture, class, agency, etc., from myself, mark based on this information?
 - Does this answer reflect what might be in an initial care plan for this person?

Benefits/resource management

This skill relates to the need for assistance to plan for, access, and navigate benefits (Section 8, SSI, SSDI, Medicaid, Medicare, insurance, etc.). Needs related to money management are captured elsewhere in the screen.

Basic safety

This item is intended to focus narrowly on applicants who need help from others due to cognitive impairments caused by mental illness or substance use. It was not intended to cover all an applicant's risky or unhealthy choices such as unsafe sex, drinking and driving, and poor health habits. Regarding substance use, consider the applicant's cognitive functioning when not using drugs. Needs help from others means that if the applicant does not receive needed assistance, the applicant's health and safety are at risk. If the person has in fact been doing something completely independently without any risk or harm, then it can be assumed that they don't need help from others. Determining level of safety can be very subjective and vary among screeners. Please note any safety concerns in the notes section to explain the rationale for your choice.

Social or interpersonal skills

This section is meant to measure a person's ability to socialize and interact with others, not their choice of whether to interact with others. Determining the level of social or interpersonal skills can be very subjective and vary among screeners so it is important to explain the rationale for the answer selection in the notes section.

This section is intended to measure how:

- The person cultivates and maintains adult social relationships.
- The person plans and carries out adult social or recreational activities.
- The person interacts with retail or service workers.
- The person behaves outside of their home.

As always, ask: "Would other screeners, given the same observations and information, check this box?"

Home hazards

This skill relates to the need for assistance to maintain a basic living environment to avoid disease, fire hazards or safety risks due to hoarding, odors noticeable from outside of the home, structural issues within the home, or concerns with the home's utilities that may present other types of safety risks.

The question to ask here is: "Is the applicant's housing environment adequate to avoid disease or danger?" Do not check this item if the applicant's housekeeping has declined due to a mental illness or substance use disorder unless it has declined to the point of creating immediate danger or health hazards.

Note: Many times, if these problems are present, neighbors may complain and/or landlords may threaten eviction. However, since behaviors of neighbors and landlords can be arbitrary, the definition of this skill is based on an objective condition of the home, not the presence of complaints or eviction threats.

Money management

This skill identifies a need for assistance to manage finances for necessities (food, clothing, shelter), including the need for assistance to handle money, pay bills, and budget because of skill deficits or cognitive impairments due to the individual's behavioral health needs.

Basic nutrition

This item measures the need for assistance to maintain an eating schedule and supply of unspoiled foods, obtain groceries, and/or to prepare or obtain routine meals safely due to cognitive impairment from their mental illness or substance use disorder. This skill does not cover transportation, which is captured elsewhere.

Routine in this section is intended to mean average, not regularly scheduled. The person does not need to be able to make or prepare a full meal; they only need to be able to make or prepare simple meals such as a sandwich, cereal, and something heated on a stovetop or in a microwave.

General health maintenance

This item relates to needs for assistance to care for own health and to recognize symptoms. The person needs help from others because they are unable to self-manage current health conditions or health risks due to a cognitive impairment resulting from their mental illness or substance use disorder.

Unable to self-manage means the person:

- Is unable to recognize, manage, or respond to health problems or symptoms
- Is unable to make or keep health care appointments.
- Does not know contributing factors and corrective actions.
- Has a history of failure to self-manage health resulting in multiple emergency room visits or hospitalizations (inpatient or outpatient).

This item does not include medication management (captured elsewhere) or transportation if a person arranges it on their own.

Managing psychiatric symptoms

This item relates to the need for assistance from others to manage mental health symptoms (such as hallucination, delusions, mania, depression, anxiety, etc.) Select yes in this section if the applicant:

- Is unable to reach out to mental health providers when symptoms are increasing.
- Is unable to recognize or respond to symptoms when they're starting to prevent further symptom escalation and requires natural or paid supports to assist with symptom monitoring.

This item is limited to psychiatric symptoms. Substance use is addressed separately in the risk section of the screen.

Hygiene and grooming

This skill relates to needs for assistance to maintain basic hygiene and grooming due to cognitive impairment from their mental illness or substance use disorder without assistance or prompting from support people. Select yes in this section if the applicant requires assistance or prompting to maintain basic hygiene and grooming.

Taking medications

This skill relates to the need for assistance with taking medications. This section includes medications both for mental health and other health conditions. Competent adults have the right to refuse medications. See the guidance in the general health maintenance section for when the applicant chooses not to take medications versus when they need help from others because they are unable to self-manage current health conditions or health risks.

In this section, unable to self-manage means the applicant:

- Is unable to recognize and/or respond to problems related to their medications.
- Has a history of failure to self-manage health resulting in multiple emergency room visits or hospitalizations (inpatient or outpatient).

The first question this section asks is if the applicant needs someone to administer their psychiatric medications through IM (intramuscular) injections. An individual needs assistance with administering their regular IM injections if they go to a clinic to receive the injections or have natural supports administer their IM injections. This question does not include other

medications administered through IM injections such as vaccines or medications that are administered just under the skin such as insulin.

The second question applies to any medications prescribed by a medical doctor, an advanced practice nurse prescriber, or a physician's assistant for a psychiatric or other medical condition. It does not include over-the-counter medications.

Assistance includes:

- Providing the applicant with medications.
- Watching the applicant take the medications to ensure they are taking them.
- Cueing the applicant to take medications (can include phone reminders).
- Preparing medications in med boxes or syringes.

The screen is intended to capture needs. Screeners should try to ascertain whether the individual is in fact independent with taking medications, regardless of what a service provider does when supporting a person.

The applicant may have a court order regarding treatment. Screeners should indicate medication assistance is needed if they feel support is needed for the applicant to follow the court order. The frequency marked on the screen should match the frequency that would be included in a treatment plan for the applicant.

Monitoring medication effects

This skill relates to the need for assistance monitoring effects and side effects of prescribed medications and applies to any medications prescribed by a medical doctor, advanced practice nurse prescriber, or physician's assistant for a psychiatric or other medical condition. It does not include over-the-counter medications.

The applicant requires assistance if they can't:

- Identify the effects, side effects, or non-effects of a medication.
- Report medication effects or new problems to a prescribing professional.
- Follow any medication or dose changes recommended by the prescriber.

Since prescription medications always involve a prescriber, the prescriber's actions do not constitute assistance. Visits or contacts with a prescriber do not count. This item asks whether the applicant needs a third party as an intermediary between them and the prescriber.

When discussing prescribed psychiatric medications, there is a significant overlap between the monitoring for medication effects question and the managing psychiatric symptoms question elsewhere in the screen. When psychiatric medications are being adjusted to reduce psychiatric symptoms, screeners should check both managing psychiatric symptoms and monitoring for medication effects. Sometimes only one of the items is checked. An applicant may need assistance with monitoring medication effects but is able to manage their psychiatric symptoms independently. An applicant may need assistance managing their psychiatric symptoms from natural or paid supports but is able to notice medication issues or side effects.

Transportation

This skill relates to the ability to drive a regular or adapted vehicle, use public transportation, and/or arrange for transportation.

The answers include:

- Person drives.
- Person drives but there are serious safety concerns.
- Person cannot drive due to physical, psychiatric, or cognitive impairment. This includes no driver's license due to medical problems (seizures, poor vision).
- Person does not drive due to other reasons (lost license, has no car).

Physical assistance

This skill relates to the need for assistance to physically accomplish the tasks listed. Check any options that the applicant requires assistance to complete due to physical limitations. Applicants may be eligible for long-term care services in addition to mental health and substance use disorder services. Select independent if the applicant doesn't have physical limitations requiring assistance with any of the tasks listed. Limitations due to mental illness or cognitive limitations are covered in previous community living skills items.

Bathing

This refers to the ability to shower, bathe, or take sponge baths for the purpose of maintaining adequate hygiene. This also includes the ability to get in and out of a bathtub or shower stall, turn faucets on and off, regulate water temperature, and wash and dry fully.

Dressing

This refers to the ability to put on and take off clothing as necessary. This also refers to the ability to choose appropriate clothing for the weather and other situations. This also refers to the ability to put on prostheses, braces, and/or anti-embolism hose ("TED stockings") with or without assistive devices. This also refers to fine motor coordination for buttons and zippers. Difficulties with a zipper or buttons at the back of a dress or blouse do not constitute a functional deficit.

Toileting

This refers to the ability to use the toilet, commode, bedpan, or urinal. This includes transferring on/off the toilet, cleansing of self, changing of pads, managing an ostomy or catheter, and adjusting clothes. Check this box if the applicant needs physical help from another person, or if they use a commode, elevated toilet seat, ostomy, urinary catheter, regular bowel program, or is incontinent more than monthly.

Mobility in home

This refers to the ability to move between locations in the individual's living environment (defined as kitchen, living room, bathroom, and sleeping area). For purposes of the screen, this excludes basements, attics, and yards.

Transferring

This refers to the physical ability to move:

- From bed/chair to wheelchair, walker, or standing position.

- In and out of bed or usual sleeping place.
- Using assistive devices for transfers, excluding toileting transfers.
- With the physical help from another person or through the use of a mechanical lift, transfer board, or trapeze.

Module 4: Crisis and Treatment History

4.1 Introduction

Discussing crisis events with applicants can be challenging for a variety of reasons. Some applicants may not remember when or how these events occurred or applicants may not want to discuss these events because they are too difficult to think about. Screeners may need to consult written records or speak with other people (with the applicant's permission) to determine the frequency of these items. If no such resources are available (example: the applicant just moved to Wisconsin), complete the screen based on the best information available. In many cases, the applicant might meet eligibility even with incomplete information. The screen can be updated when new information becomes available. If the applicant does not meet eligibility due to insufficient background information, discuss this with the agency screen leader.

General guidelines for answers: Frequency and overlapping of events

Most items separate frequency within the past year from frequency 13 months to 3 years ago. This requires screeners to ask two separate frequency questions for each item:

- How often in the past year?
- **AND**
- How often 13 months to 3 years ago?

If the events have occurred both in the past year and before, indicate the frequency of events in both time periods. Check all that apply or have applied within the specified timeframes.

It might be challenging for some applicants to answer these frequency questions. One event could involve several items in this list. For instance, the person might have been suicidal, gotten drunk, assaulted someone, been arrested for operating a vehicle while intoxicated, been injured and treated in the emergency room, and had an emergency detention all in one evening. Alternatively, these all could have occurred as separate incidents. It doesn't matter. Screeners can check all that apply in each timeframe.

Determining time frames can be important in determining the need for ongoing mental health supports, allows greater recognition of serious problems that occurred more than a year ago, as well as frequent problems in the past year. This recognizes the cyclical nature of mental illness and substance use disorders and stability resulting from mental health and substance use supports recently received.

4.2 Use of emergency room, crisis intervention, or withdrawal management programs

- Use of emergency rooms can be for any reason—psychiatric or medical.
- The use of an emergency room section does not include going to the emergency room due to an emergency detention, which is included in the Wis. Stat. ch. 51 emergency detention section.
- Crisis intervention does not include telephone only contact. Hospital diversion or urgent care visits should be counted as crisis intervention.

4.3 Psychiatric inpatient stays

Psychiatric inpatient stays are defined as any stay in a psychiatric hospital or psychiatric unit of a hospital—voluntary or involuntary.

- If person was admitted over one year ago and is still there, check both within the past year and 13 months to 3 years ago.
- If that same admission followed a Wis. Stat. ch. 51 emergency detention, check Wis. Stat. ch. 51 emergency detention 13 months to 3 years ago and psychiatric inpatient stay within past year and 13 months to 3 years ago.

4.4 Chapter 51 emergency detentions

Wisconsin Stats. ch. 51 allows for a law enforcement officer or other person authorized to take a person into custody to involuntarily detain an individual if there is cause to believe that the person is mentally ill, drug dependent, or is developmentally disabled. There must be evidence of a substantial probability of harm to self or others. (see Wis. Stats. § 51.15).

Check this box for any emergency detention, regardless the outcome of a subsequent court hearing. Actions of the court following an emergency detention are captured elsewhere in the screen.

4.5 Physical aggression

Physical aggression is defined as causing bodily harm to another person. Torturing or killing animals can be counted here only if it reflects abnormal psychoses, delusions, rage, or punishment of others (such as killing a child's pet to punish the child). While some people consider raising and killing farm animals to be torture and abuse, screeners should not take this into consideration in this section. If there's a history of physical aggression outside of the defined timeframes, please note these instances in the notes section.

Verbal aggression is not included here. If verbal aggression is a serious problem, it will show up elsewhere in the screen. Issues with verbal aggression may be captured in the sections focused on housing, social interactions, or managing symptoms.

4.6 Physical aggression has resulted in the injured person being hospitalized

This item collects information on whether the applicant has caused serious bodily harm to another person that has resulted in an admission to a hospital. This does not include emergency room visits that did not end in admission. This question reflects the reality that serious harm to others may have occurred several years ago but it still an important consideration for mental health program eligibility. Check this box if the injured person was hospitalized or was killed.

4.7 Involvement with the corrections system

Involvement with the corrections system is defined as parole/probation, conditional release, bail monitoring, and arrests and/or detentions in a jail or prison. It does not include minor traffic tickets. It does include operating while intoxicated. The involvement is the applicant's own, not a family member's involvement. If a person is arrested and jailed for the same incident, this count as one event.

Jail/prison is one continuous event and should be captured only when the event was initiated. For example, if a person was jailed 13 months to 3 years and the person was still in jail during the past year, this is one event and should only be captured in the 13 months to 3 years ago time period. This is the case for the corrections question only because being jailed is for a relatively fixed period. It is not reevaluated and extended based on the person's functioning. If the person was jailed two years ago and released, then jailed again in the past year for a separate crime or a parole/probation violation, both instances should be counted, one occurred 13 months to 3 years ago and one occurred within the past year.

4.8 Suicide attempts

A suicide attempt is an act with a significant risk of death. Screeners should avoid subjective judgments about the individual's motivation or desired outcomes of the act. Instead, screeners should consider the level of risk of dying. For example, shallow cutting of the skin on the forearms is not a suicide attempt, as no blood vessels are cut to create risk of death. However, large overdoses of pills or other acts with high risk of death are suicide attempts, no matter how often they have occurred. The judgment that a suicide attempt was only a gesture, just for attention, or just manipulation is excessively subjective and dangerous as many suicides are preceded by multiple suicide attempts.

Has had a suicidal ideation with a feasible plan within the past two months

This item is intended to indicate people who are currently or recently struggling with suicidal thoughts, a plan and means to carry out suicide, and/or close to suicide (with a plan and means) within the last two months. Do not check this for an applicant who does not have a plan to follow through on suicidal feelings or is simply unable to follow through due to physical limitations.

If an applicant mentions suicidal thoughts or feelings, regardless of if this item is checked, follow-up with that applicant appropriately.

Module 5: Risk Factors

5.1 Self-injurious behaviors

The item includes cutting, burning, pica, polydipsia, and head banging. This does not include suicide attempts, unhealthy habits, or other high-risk activities.

- Pica is eating inedible objects such as metal or coins.
- Polydipsia is drinking excessive amounts of water, which can be fatal.

5.2 Substance use

Substance use does not include the use of tobacco or caffeine.

Outcomes of substance use information

The substance use questions are intended to ask about the outcomes or consequences of substance use. **Hazardous drinking** is defined as a **quantity or pattern** of alcohol consumption that places patients **at risk for adverse health events**, while **harmful drinking** is defined as alcohol consumption that **results in adverse events** (physical or psychological harm).

There are several categories of alcohol use:

- No use or low risk drinking.
- At-risk or hazardous drinking.
- Harmful or problem drinking (Possible alcohol use disorder).

No amount of alcohol consumption is safe or without risk. The federal government defines and recommends levels of alcohol consumption that have been found to generally carry only low to moderate risk for the general population. It is important to note that alcohol should not be consumed by people who are pregnant, people operating heavy equipment, people who are under the age of 21, people taking medication that interacts with alcohol, or people diagnosed with a medical or mental health condition. Within this screen, screeners are to evaluate risk by using the following federal guidelines to determine hazardous or harmful drinking.

Excessive Drinking ¹	Under Age 65		Over Age 65	
	Men	Women	Men	Women
Drinks during a single occasion (Drinks in about 2 hours)	5+	4+	3+	3+
Drinks per week	15	8	7	7
A standard drink is equal to 14.0 grams (0.6 ounces) of pure alcohol.				
12 ounces of beer (5% alcohol content)				
8 ounces of malt liquor (7% alcohol content)				
5 ounces of wine (12% alcohol content)				
1.5 ounces or a shot of 80-proof (40% alcohol content) distilled spirits or liquor (gin, rum, vodka, whiskey)				

Screening to identify outcomes of substance use is performed using the following questions. This section assists in determining the outcome and potential for negative consequences.

No use or low risk use evident in past 12 months (to include people in sustained remission –no symptoms, except for craving, for more than 12 months).

- Applicant is abstinent or uses substances in a way that is not currently associated with negative health consequences or other problems (alcohol consumption that does not exceed recommended levels or occasional cannabis use).
- Applicant does not drink alcohol or use drugs and uses prescription drugs only as prescribed.
- Applicant drinks less than recommended limits and has no health conditions or medications creating risks or problems even with low to moderate alcohol intake.
- Applicant has been abstinent for the past 12 months.

In the past 12 months, substance use has involved risks but it is not clear that negative consequences have occurred.

- Applicant is at risk for negative health, social consequences, or other problems.
- Applicant drinks more than recommended limits but has not had negative consequences.
- Applicant drinks less than recommended limits but has health conditions or medications indicating that person should not drink at all or as much.
- Applicant has driven drunk but hasn't been caught doing so.
- Applicant has engaged in unprotected sex.

In the past 12 months, the person has exhibited a problematic pattern of use leading to clinically significant impairment or distress.

- Applicant has a current diagnosis of a substance use disorder and continues to use.
- Applicant likely is experiencing a substance use disorder and/or substance-related health or other type of problem (alcohol use-related cirrhosis or consequences such as a separation from family or loss of employment) and engages in continued or escalating use despite negative consequences.
- Applicant has at least two signs of a substance use disorder, including:
 - Using substances in large amounts.
 - Spending a great deal of time obtaining, using, or recovering from substance use.
 - Experiencing cravings.
 - Recurring use resulting in failure to fulfill major role responsibilities at work, school, or home.
 - Continuing to use despite having recurrent social or interpersonal problems.
 - Giving up on or reducing involvement in social, occupational, or recreational activities.
 - Recurring use that hazardous (Drinking and driving).
 - Continuing to use despite knowledge of having recurrent physical or mental health problems.
 - Needing to use much more to achieve desired effect or the desired effect has weakened even with the same amount of substance.
 - Experiencing withdrawals.

Outcomes of substance use information - continued

The following questions have been added as screening items that will identify the additional need for further substance use screening, assessment, and treatment referral. With permission from Chestnut Health Services, the five questions from the Global Appraisal of Individual Needs (GAIN) Short Screener were adapted for this screen.

These questions are only screening questions to identify a potential issue and do not represent the information needed in a comprehensive substance use assessment.

The responses to the questions require that a timeframe be chosen.

- **Past month:** Any one single incident or more in the past 30 days.
- **2-12 months:** Any one single incident or more that occurred 60 days to 12 months ago.
- **1 year or more ago:** Any one single incident or more that occurred 12 months or longer ago, even if that incident was 20 years ago.

If there is a response to any question where there is a choice between two or more timeframes, record the timeframe that is the most recent. Ask the person the questions directly and record their answer. If one of their answers seems to be different from than the collateral information available, ask additional clarifying questions.

Used alcohol and drugs weekly or more often

- This question is designed to determine the frequency of substance use, not the quantity of weekly use or the seriousness or dangerousness of use.
- If the applicant drinks one alcoholic beverage or uses a drug daily, this item should be selected. If the applicant is using prescription medication as prescribed, then select not applicable. Smoking cigarettes daily is not to be accounted for in this section.

Spent a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs

This question is designed to receive a response that demonstrates the level of preoccupation the person experiences regarding their use of alcohol and drugs, including:

- Spending a lot of time thinking and planning about how they will get alcohol or drugs.
- Planning their day around when they can purchase alcohol or drugs or get drunk and/or high.
- Spending a lot of time using alcohol or drugs.
- Spending excessive time recovering from drug and/or alcohol use (hangovers).

Kept using alcohol or drugs even though it was causing social problems, leading to fights, or getting into trouble with other people.

This question is designed to measure the negative social and physical aggressive consequences that people may experience when using drugs or alcohol, including incarcerations and justice involvement. This includes arguments with family members about substance use or losing important friendships because of continued use.

- Refer to section 4.9 for a definition of social or interpersonal skills.
- Refer to section 5.6 for definitions of physical aggression.

- Refer to section 5.7 for definitions of physical aggression that has resulted in the injured person being hospitalized.
- Refer to section 5.8 for definitions regarding involvement with the corrections system.

Use of alcohol or drugs caused applicant to give up, reduce, or have problems at important activities at work, school, home, or social events.

This question is designed to measure the negative impacts of the person's major life responsibilities solely related to the use of substances. This section should include financial issues due to their substance use, being demoted, losing a job, and/or being increasingly unable to perform job tasks, as well as estrangements from family and friends.

- Refer to section 4.9 for a definition of social and interpersonal skills.
- A comprehensive list of home issues can be found in the definitions from 4.7 to 4.16 under specific community living skills.

Had withdrawal problems for alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping or used any alcohol or drugs to stop being sick or avoid withdrawal problems.

This question is designed to measure the negative physical effects caused by using too much of a substance such as blackouts and/or overdoses, hospitalizations due to substance use, symptoms of withdrawal listed above, and using substances to avoid withdrawal.

- Withdrawal is the body's response to the abrupt end of a drug once the body has developed a tolerance to it. The resulting cluster of symptoms is specific to each drug. Although withdrawal is very unpleasant, it does not usually require medical assistance. However, withdrawal from some drugs, such as alcohol, can be dangerous.
- If the patient is intoxicated or in withdrawal, it may be more appropriate to complete the screening once their condition has been stabilized. Consider immediate referral for medical evaluation or withdrawal management services.
- Withdrawal from cathinones (bath salts) or high dose prescription amphetamines can be associated with intense psychotic events needing a higher level of care.
- When assessing signs of intoxication, consider: Is the patient exhibiting any of the following? Disinhibition, sedation, decreased coordination, reddening of the skin or flushing of the face, slurred speech, trouble walking, vomiting, impairment in attention/memory, elevated heart rate, confusion, severe difficulty speaking, delusions, or hallucinations.

If the eligibility results indicate a yes, it is recommended that the applicant receive further substance use disorder assessment by a qualified substance use professional.

Substance use treatment

Have you received treatment, counseling, medication, case management or aftercare for your use of alcohol or any other drug? Please do not include any emergency room visits, withdrawal management, or support group meetings.

This item is intended to collect instances of formal substance use treatment by a professional substance use disorder counselor(s). It can include individual and/or group therapy, case management, medication-assisted treatment, and other methods of professional substance use disorder treatment.

Have you attended one or more support group meetings or received recovery support services from a peer specialist or recovery coach for your alcohol or other drug use? (AA, NA, Celebrate Recovery, SMART Recovery, etc.).

This item is intended to collect participation in any in person or virtual peer support groups run by individuals with lived experience of substance use disorder. This does not include groups run by professional substance use disorder counselors as that is collected in the previous question.

5.3 Abuse information

We know that many people have experienced physical, emotional, or sexual abuse or neglect as an adult or in childhood. Would you say that you have?

Many people have experienced physical, emotional, or sexual abuse or neglect as an adult or in childhood. Trauma and its aftermath are under recognized realities in many people's lives.

This question is optional. It can be answered unknown. This is a sensitive topic. Many people will not want to answer it. Be very clear that the individual does not have to answer it. The question, "Would you say that you have?" is purposefully equivocal so that it can be answered, "No, I have not experienced abuse" or "No, I would not say," or "No, I will not divulge that information for the functional screen."

Screeners should always preface this question with a statement (example below) that the applicant does not have to answer it.

"The Wisconsin Department of Health Services and advocates are concerned that trauma and abuse are overlooked. The functional screen includes a question on it. You do not have to answer it."

5.4 Housing instability

Select yes or no. If the answer is yes, check all boxes that apply to indicate type of housing instability within the past 12 months:

- Currently homeless (on the street or no permanent address). This includes staying at homeless shelters, living in a car or tent, or temporarily staying at a friend's or relative's house for short periods (days or weeks).
- Homeless less than half the time in the past year.
- Homeless 50 percent of the time or more within the past year.
- Evicted two or more times in the past year (by landlords, family, friends, etc.).

If someone has housing but is at risk of losing housing or there are risks related to their housing not otherwise outlined above, document this concern in the notes section.

5.5 Intensity of treatment or functional severity

This item is intended to collect urgency in treatment for an individual who may be at risk to themselves or others and to address criteria for admission to a CSP.

The screener does not have to be screening an individual for CSP to answer this question.

The statement the screener is answering is:

There have been consistent and extensive efforts to treat this person for at least a year, or the person has had a serious sudden onset of dysfunction requiring services beyond basic outpatient services, and the person is dangerous to self or to others.

Wisconsin Admin. Code ch. DHS 63, the rule governing CSP, indicates that admission to a CSP is limited to an individual who (1) has serious and persistent mental illness in the psychotic spectrum (such as schizophrenia, bipolar disorder, schizoaffective, delusional disorder or recurrent major depression) which; (2) requires repeated acute treatment or prolonged periods of institutional care; and (3) who exhibits persistent disability or impairment in major roles of community living. Other diagnoses listed in the DSM can qualify if there have been consistent and extensive treatment efforts for over one-year or serious and sudden dysfunction that leads to the person exhibiting persistent dangerousness.

If the screener selects yes for this item, outline in the notes section evidence behind why this answer was selected. The information relating to this question will be critical for a behavioral health professional to know as they begin or continue working with the applicant.

5.6 Interdivisional agreement 1.67

This applies to individuals for whom a DHS Division of Quality Assurance nursing home surveyor has issued a 1.67 administrative order to refer the individual to the county for nursing home discharge and alternative living arrangement (or other needed services).

5.7 Current COP level 3 funding

COP level 3 funding is no longer used. Disregard this question as it is not required for submission of the screen.

Module 6: Diagnoses

6.1 Introduction

There are two diagnoses tables on the screen. The first is for mental illness and substance use related diagnoses. The second is to indicate other general medical diagnoses. Psychiatric diagnoses are needed for eligibility for mental health and substance use programs. Other or general medical diagnoses do not affect eligibility for mental health and substance use programs. The other diagnoses are included on the screen to improve the well-being and access to quality health care for people with mental illness and/or substance use needs.

6.2 Mental health and substance use diagnoses

The screen reflects current federal and state policies on eligibility for Medicaid-funded mental health and substance use disorder programs.

Specific psychiatric or substance use disorder diagnoses are required for eligibility for most mental health and substance use disorder programs in Wisconsin. Nicotine addiction is listed but does not count toward eligibility for substance use disorder treatment programs.

Psychiatric diagnoses must be made by a psychiatrist, licensed psychologist, physician, licensed clinical social worker, licensed professional counselor, licensed marriage and family counselor, or advanced practice nurse practitioner for whom diagnosing a mental health is appropriate to their specialization and within the scope of their training and practice.

Substance use diagnoses checked in the screen should reflect diagnoses made by professionals whose scope of practice includes diagnosing substance use disorders (psychiatrist, licensed psychologist, physician, licensed clinical social worker, licensed professional counselor, licensed marriage and family counselor, substance use disorder professional, or advanced practice nurse practitioner).

Where screeners obtain diagnoses

Screeners can obtain diagnoses through:

- Written records from a psychiatrist or licensed psychologist.
- Other medical records if the psychiatric diagnosis was made by a psychiatrist, licensed psychologist, or other professional as allowable by the screen.
- A health care or mental health professional's verbal report that a qualified professional made a particular diagnosis.

Documentation from schools or group homes does not count unless the documentation cites a diagnosis made by a qualified diagnostician. In other words, school category assignments or diagnoses made by teachers or direct care staff do not count.

An applicants or family report count only if they can state the diagnosis exactly and can name the qualified professional who made the diagnosis and (approximately) when. Diagnoses obtained in these ways are "verified" diagnoses.

In many cases, screeners will need to obtain a signed release of information to verify diagnoses.

Sometimes the applicant will need assistance to see a qualified diagnostician to obtain formal diagnoses required for entry into mental health and substance use disorder treatment programs.

If after review of medical records and contact with health care providers it is determined that a applicant has no diagnosis, the screener should choose the no diagnoses box.

If an applicant refuses to see a health care professional and does not have any medical records that confirm a diagnosis, enter this information in the notes field on the screen.

Diagnoses not listed

The DSM-5-TR includes some diagnoses that do not count toward eligibility for mental health and substance use disorder programs. Examples include intellectual disability, learning disorder, attention deficit/hyperactivity disorder, and dementia. Contact the agency screen leader if there is belief someone with a diagnosis not on the table should be eligible for mental health and substance use disorder programs.

Multiple diagnoses over time

The same individual may be given different diagnoses by different qualified diagnosticians at different times. Below are some guidelines to follow:

- Diagnoses do not have to be from within the past year if they still seem applicable.
- In general, use the most recent diagnoses.
- When the individual has received different diagnoses at different times, there are two choices:
 - Check only the most recent diagnoses if earlier diagnoses seem no longer accurate or applicable.
 - Check all the diagnoses if you're not sure which are the most accurate or whether they still apply.

Screeners are not expected to make clinical decisions about whether a diagnosis is accurate or still applicable for an applicant. When not sure, check the diagnosis in the table.

Note that history of or status post usually means that it is no longer applicable.

6.3 Global Assessment of Functioning

The Global Assessment of Functioning is for reporting the clinician's judgment of the applicant's overall level of functioning. The Global Assessment of Functioning scale is to be rated with respect only to psychological, social, and occupational functioning. Do not include impairment in functioning due to physical or environmental limitations. In most instances, ratings on the Global Assessment Functioning scale should be for the current period (the level of functioning at the time of the evaluation) because ratings of current functioning will generally reflect the need for treatment or care. If you are obtaining this information from a previous evaluation, note the date of that evaluation in the notes section on the mental health and substance use diagnosis page of the screen.

The Global Assessment of Functioning does not have to be provided by a qualified diagnostician because it does not affect eligibility for mental health or substance use disorder programs. This information should be provided by a qualified clinician who is familiar with using this measure, such as a licensed social worker or a licensed professional counselor.

6.5 Other diagnoses table

The other diagnoses table does not affect eligibility for mental health and substance use disorder programs. It is here to improve the health and access to quality health care for people with mental health and substance use diagnosis needs. Research shows that the most effective services fully integrate health care with mental health and substance use treatment.

If the applicant has no other diagnoses, check the no diagnoses box.

Check all that apply, meaning all that are still applicable to the individual.

Screeners are not expected to make clinical decisions about whether a previous condition still affects an applicant. When not sure, check the diagnosis in the table.

If a major injury, surgery, or illness happened in the past and no longer impairs the individual, then the screener should not note it in this section.

Screeners should not interpret the applicant's complaints or symptoms. Instead, only check if there is a verified diagnosis.

Medical information on a physical diagnosis is verified if it is:

- Stated to screener by a doctor, nurse, or other health care professional. **OR**
- Copied from recent health care records or very clearly stated in exact words by the person, family, advocate, etc.

Module 7: Completing the Screen

7.1 Screen completion date

Indicate the date (mm/dd/yyyy) on which all sections of the screen were complete. It may take more than one day to complete all sections, especially if a screener must wait for information from health care providers. It is acceptable for one person to enter the demographic information (module 3) and for the certified screener to complete the clinical entries (modules 4-7). However, all the screen entry time should be combined and put under the certified screener's name. The screen completion date is the date when all sections were completed by the certified screener, not the date information is entered into the screen application.

When correcting information on a screen, do not change the screen completion date. Enter the time it took to correct or update a screen. If you are simply making changes to the demographics (example: change of address), then enter "0." You must re-calculate eligibility after making screen corrections. Write all times as hours and minutes rounded to the nearest 15 minutes (00, 15, 30, 45). The screen application will sum them for the total time.

Face-to-face contact with person

Time the screener spent face-to-face meeting with the applicant. Round the time to the nearest 15 minutes (00, 15, 30, 45).

Collateral contacts

Time the screener took to complete in-person or telephone contact with anyone other than the applicant, including family, advocates, providers, etc.

Paperwork

Time the screener took to review medical documents, transcribing notes, and any phone contact with the applicant required to finalize the screen. Round the time to the nearest 15 minutes (00, 15, 30, 45).

Travel time

Time the screener spent traveling to and from appointments associated with the gathering of information necessary to complete the screen. Round the time to the nearest 15 minutes (00, 15, 30, 45).

Total time to complete screen

The computer application will calculate and auto-enter this field based on the above entries.

7.2 Notes

Use this space to include any information missed in other sections of the screen.

7.3 Calculating eligibility and level of need

The act of calculating eligibility and level of need is the final step that makes a screen complete. This applies to new screens or updates to existing screens.

- When you enter a new screen, the screen is considered incomplete until eligibility is calculated. The screen is incomplete if there is no green check mark next to eligibility on the left navigation bar.
- When making a change to an existing screen, there are some instances when eligibility must be re-calculated. Re-calculating eligibility sometimes is not required.
- Anytime data is changed that may cause a change in eligibility/level of need (a change to community living skills or risk factors, etc.), eligibility must be re-calculated, even though the level of need results may not have changed. In addition, anytime there is a change to the applicant's name, Social Security Number, or a birth date, eligibility must be re-calculated, even though these data items won't have any effect on the level of need.

Eligibility does not need to be re-calculated when the following information is changed.

- Applicant address
- Applicant phone number
- Applicant gender
- County/tribe of residence
- County of responsibility
- Directions
- Screener's name
- Referral date
- Medical insurance
- Contact information

How can you tell when you need to re-calculate eligibility? Always check for the green check mark next to eligibility on the left navigation bar. If there is a green check mark, the screen is considered complete. A red check mark means the screen is considered incomplete.

7.4 Unexpected outcomes

Unexpected outcomes are results that do not appear to the screener to be congruent with the needs of the person being screened. The results may be different from prior screens, but if that change appears appropriate, then the results are not unexpected.

Whenever the results of a screen are unexpected by the screener, the screen is not considered complete and accurate. If the screen outcome results in an individual's ineligibility to enroll in a program or may result in a potential disenrollment of the individual from a program, the results are not complete until the screener agrees that the results are appropriate based on a complete and accurate screen.

The screener should ask the agency screen lead to review the screen in cases of an unexpected outcome. If, after that review, the results continue to be unexpected, the agency screen lead should contact the screen lead at DHS who will perform a full review of the screen and consult with the screen lead until the screen results are considered complete and accurate.

Once the screen is considered complete and accurate, the screener takes the action the screening agency requires based on the results of the screen.

Note: When a screener believes the screen results accurately reflect the individual's needs, the screener does not need to request a follow-up review, even if the results have changed from the previous screen.

Refer all questions about outcomes to the agency screen lead. The agency screen lead will refer unresolved questions to DHS. This process assures that interpretations are consistent and communicated to all agencies using the screen.

Glossary

Adult Long Term Care Functional Screen: This screen determines functional eligibility for long-term care programs for people who are frail elders and for people with physical disabilities, dementia, a terminal illness, or intellectual/developmental disabilities. A person must be 18 or older to participate in a publicly funded long-term care program for which this screen determines eligibility. These programs are Family Care, Family Care Partnership, PACE (Program of All-Inclusive Care for the Elderly), and IRIS (Include, Respect, I Self-Direct). Early screening is available for people 17 ½ or older to assist planning for transition to the adult long-term care system.

Adult family home: This is a private residence where people who aren't related to the caregiver live. The residents get care that's beyond room and board. This can include up to seven hours per week of nursing care per person. An adult family home is a type of assisted living.

American Indian or Alaska Native: People having origins in any of the original people of North and South America (including Central America) who maintain tribal affiliation or community attachment. It includes people who indicate their race or races as Lake Superior Chippewa, Ho-Chunk Nation, or Oneida Nation.

Applicant: The person being screened to establish medical necessity of services.

Asian or Pacific Islander: People having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent. It includes people who indicate their race or races as Asian Indian, Chinese, Filipino, Korean, Japanese, Vietnamese, or Other Asian, such as Burmese, Hmong, Pakistani, or Thai.

Bathing: The ability to shower, bathe, or take sponge baths for the purpose of maintaining adequate hygiene. This also includes the ability to get in and out of a bathtub or shower stall, turn faucets on and off, regulate water temperature, and wash and dry fully.

Black or African American: People having origins in any of the Black racial groups of Africa. It includes people who indicate their race as Black, African American, and Afro American, such as Nigerian or Haitian.

Children's Long Term Support Functional Screen: This screen captures the needs of a child in a variety of developmental, behavioral, health, and daily living activities. It provides functional eligibility determinations for several programs, four functional levels of care, and three target group designations for children from birth through age 21.

Collateral contacts: This is either in-person or phone contact with anyone other than the applicant, including family, advocates, providers, etc.

Community Recovery Services: This is a community-based psychosocial program that assists people living with a mental illness reach their full potential. Participants receive

community living supportive services, peer support services, and supported employment services.

Community Support Programs: This is a psychosocial program that provides community-based interdisciplinary social, psychiatric, and employment services to adults with major mental illness.

Comprehensive Community Services. This is a community-based psychosocial program that provides integrated mental health and substance use services to children and adults. CCS also serves people with only a substance use disorder diagnosis.

Dressing: This is the ability to put on and take off clothing as necessary. This also refers to the ability to choose appropriate clothing for the weather and other situations. This also refers to the ability to put on prostheses, braces, and/or anti-embolism hose ("TED stockings") with or without assistive devices. This also refers to fine motor coordination for buttons and zippers. Difficulties with a zipper or buttons at the back of a dress or blouse do not constitute a functional deficit.

Face-to-face contact: This is the amount of time the screener spent face-to-face meeting with the applicant. Round the time to the nearest 15 minutes (00, 15, 30, 45).

Frequency of assistance needed:

- **Independent:** The applicant does not require assistance with tasks. They can complete a task, support themselves emotionally, and monitor symptoms without interventions from support staff or natural supports.
- **Less than monthly:** The applicant requires assistance with tasks, emotional support, reinforcement, and symptom monitoring from support staff or natural supports every few months but is otherwise independent. The screener may select this answer if the applicant has recently become independent with a skill but may need some follow-up to ensure task completion. Since applicants may have support needs that may be irregular, using an average over the course of a few months is best practice.
- **1 to 4 times a month:** The applicant requires, on average, assistance with tasks, emotional support, reinforcement, and symptom monitoring at least one time per month. Since applicants may have support needs that may be irregular, using an average over the course of a few months is best practice.
- **More than one time per week:** The applicant requires, on average, assistance with tasks, emotional support, reinforcement, and symptom monitoring more than once per week. Since applicants may have support needs that may be irregular, using an average over the course of a few months is best practice.

Full-time competitive employment: This refers to work that is performed on a full-time basis (30 hours per week or more) for which an individual is:

- Compensated at or above minimum wage and comparable to the customary rate paid by the employer to employees without disabilities performing similar duties and with similar training and experience.
- Receiving the same level of benefits provided to other employees without disabilities in similar positions.

- At a location where the employee interacts with other individuals without disabilities.
- Presented opportunities for advancement similar to other employees without disabilities in similar positions.
- If the individual is self-employed, their self-employment is considered full-time competitive employment if their work yields an income that is comparable to the income received by other individuals who are not individuals with disabilities and who are self-employed in similar occupations or on similar tasks and who have similar training, experience, and skills.

Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race.

Homeless: This refers to staying at homeless shelters, living in a car or tent, or temporarily staying at a friend's or relative's house for short periods (days or weeks).

Group-home – CBRF (Community-Based Residential Facility, Child Caring Institution): This refers to a place where five or more adults live who are not related to the operator or administrator. The residents do not require care above intermediate level nursing care. There may be treatment and other services that are above room and board but no more than three hours of nursing care per week per resident.

ICF-MR/FDD/DD center/state center for developmental disabilities. This refers to a facility serving people with development disabilities. These are residential facilities that serve four or more people for the purpose of diagnosis, treatment, or rehabilitation of people with intellectual disabilities and related conditions. Residents receive active treatment, ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitative services to help them function at their greatest ability.

Inter-rater reliability: This refers to the extent to which independent evaluators produce similar ratings in judging the same abilities or characteristics in the same target person or object

Interested in having a job or interested in having a new job: This refers to an applicant who is not currently working but wants a job and an applicant who has a job but wants a different one.

Involvement with the corrections system: This refers to parole/probation, conditional release, bail monitoring, arrests, and/or detentions in a jail or prison. It does not include most traffic tickets. It does include operating while intoxicated. The involvement must be the applicant's own, not a family member's involvement. If a person is arrested and jailed for the same incident, this counts as one event.

Mental health institute/state psychiatric hospital: This refers to a facility operated by DHS that provides specialized psychiatric services.

Mobility in the home: This refers to the ability to move between locations in the individual's living environment (defined as kitchen, living room, bathroom, and sleeping area). For purposes of the screen, this excludes basements, attics, and yards.

Native Hawaiian or other Pacific Islander: This refers to people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicate their race or races as Native Hawaiian, Guamanian or Chamorro, Samoan, or Other Pacific Islander, such as Tahitian, Mariana Islander, or Chuukese.

Need for assistance: This refers to any kind of support from another person (monitoring, supervising, reminders, verbal cueing, or hands-on assistance) needed because of a mental health and/or substance use disorder.

No permanent residence: This refers to living on the street or in a shelter, living in a car, or temporary stays (days or weeks) at the homes of family and friends.

Not employed: This refers to a person of working age (at least age 16) who is not retired and currently is not working. Do not check if person is on medical leave from a job. In this case, they are still employed.

Not interested in having a job or a new job: This refers to an applicant not interested in having a job or an applicant who is employed and does not want to change jobs.

Nursing home: This refers to a place where five or more people who are not related to the operator or administrator reside. They receive care or treatment. Because of their mental or physical condition, they require access to 24-hour nursing services, including limited nursing care, intermediate level nursing care and skilled nursing services. Nursing home does not include any of the following:

- A convent or facility owned or operated exclusively by and for members of a religious order that provides reception and care or treatment of an individual.
- A hospice, as defined in Wis. Stat. § 50.90 (1), that directly provides inpatient care.
- A residential care apartment complex.

Other IMD - institution for mental disease: This refers to a hospital, nursing facility, or other facility of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of people with mental diseases.

Paperwork: This refers to the review of medical documents, transcription of notes, and any phone contact with the applicant required to finalize the screen. Round the time to the nearest 15 minutes (00, 15, 30, 45).

Part-time competitive employment: This refers to work that is performed on a part-time basis (less than 30 hours per week) for which an individual is:

- Compensated at or above minimum wage and comparable to the customary rate paid by the employer to employees without disabilities performing similar duties and with similar training and experience.
- Receiving the same level of benefits provided to other employees without disabilities in similar positions.
- At a location where the employee interacts with other individuals without disabilities.

- Presented opportunities for advancement similar to other employees without disabilities in similar positions.
- If the individual is self-employed, their self-employment is considered part-time competitive employment if their work yields an income that is comparable to the income received by other individuals who are not individuals with disabilities and who are self-employed in similar occupations or on similar tasks and who have similar training, experience, and skills.

Personal Cares Screening Tool (PCST): This is a tool that collects information on an individual's ability to accomplish activities of daily living, instrumental activities of daily living, and medically oriented tasks that are delegated by a registered nurse. Activities of daily living include bathing, dressing, grooming, applying prosthetics/braces/anti-embolism hose, eating, mobility, toileting, and transferring. Medically oriented tasks include assistance getting medication from hand to mouth, glucometer readings, urinary catheter site care, administering a suppository, or administering a tube feeding.

Physical aggression: This refers to causing bodily harm to another person.

Pica: This refers to eating inedible objects such as metal or coins.

Polydipsia: This refers to drinking excessive amounts of water, which can be fatal.

Residential care apartment complex or other supported apartment program: This refers to an independent apartment complex where five or more adults reside. Apartments must each have a lockable entrance and exit; a kitchen, including a stove (or microwave oven); and individual bathroom, sleeping, and living areas. A residential care apartment complex is a type of assisted living.

Retired: This refers to withdrawal from one's position, occupation, or from active working life while receiving retirement benefits. Applicants can be considered retired if they are under 65. Their early retirement cannot be due to health issues. Do not check if the applicant stopped work due to disabilities, mental illness, or other physical health problems, even if applicant prefers to use the term retire.

Screen type 01, initial screen: This refers to the first mental health and substance use disorder functional screen completed for the applicant.

Screen type 02, annual screen: This refers to annual recertification screens required to continue in some mental health and substance use disorder programs.

Screen type 03, change of condition: This refers to screens as a result of a change in the applicant's physical, emotional, or living conditions. For the mental health and substance use disorder functional screen, a change in condition screen should be completed if a significant change occurs that is likely to last six months or more.

Self-injurious behaviors: This refers to cutting, burning, pica, polydipsia, and head banging. This does not include suicide attempts, unhealthy habits, or other high-risk activities.

Sheltered workshop/pre-voc (or pre-vocational services): This refers to a non-competitive, non-integrated job which is not open to the public. The person does not have to apply for nor compete for the job. Human services staff are present to assist participants. This category includes group supported employment, transitional employment, temporary work experience, and any other employment opportunity where the place a person is working is not the employer of record.

Suicide attempt: This refers to an act with a significant risk of death. Screeners should avoid subjective judgments about the individual's motivation or desired outcomes of the act. Instead, screeners should consider the level of risk of dying.

Temporary residence (non-institutional): This refers to an applicant staying with family or friends temporarily (example: The stay is to recuperate from an illness or surgery). This option also includes temporary stays in residential facilities, such as respite in a community-based residential facility. Do not select this option if the applicant is in an institution such as hospital, institution of mental disease, or nursing home.

Toileting: This refers to- the ability to use the toilet, commode, bedpan, or urinal. This includes transferring on/off the toilet, cleansing of self, changing of pads, managing an ostomy or catheter, and adjusting clothes. Check this box if the applicant needs physical help from another person, or if they use a commode, elevated toilet seat, ostomy, urinary catheter, regular bowel program, or is incontinent more than monthly.

Transferring: This refers to the physical ability to move:

- From bed/chair to wheelchair, walker, or standing position.
- In and out of bed or usual sleeping place.
- Using assistive devices for transfers, excluding toileting transfers.
- With the physical help from another person or through the use of a mechanical lift, transfer board, or trapeze.

Transitional housing: This refers to certified or licensed housing provided by human services agencies or the corrections system.

Travel time: This refers to the time the screener spent traveling to and from appointments associated with the gathering of information necessary to complete the screen. Round the time to the nearest 15 minutes (00, 15, 30, 45).

Unpaid work: homemaker, caregiver, volunteer, or student: This refers to applicants who engage in unpaid labor rather than taking a paid position. This category does not influence eligibility.

Wants to work but is afraid of losing MA and SSA benefits: This refers to an applicant who wants a paying job but does not have one because they are afraid of losing their benefits due to earning too much money.

White: This refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as White, such as Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish.