WISCONSIN DEPARTMENT of HEALTH SERVICES

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

Bureau of Children's Services (BCS)

Division of Medicaid Services (DMS)

August 6, 2026

Agenda

- Level of Care (LOC) guidelines review: Intermediate Care Facility/Individuals with Intellectual Disabilities (ICF-IID) and Psychiatric Hospital
- Best practices: behaviors
- Not functionally eligible (NFE) email expectations
- Certified Screener Training update
- Resources
- Outreach

Teleconference Information

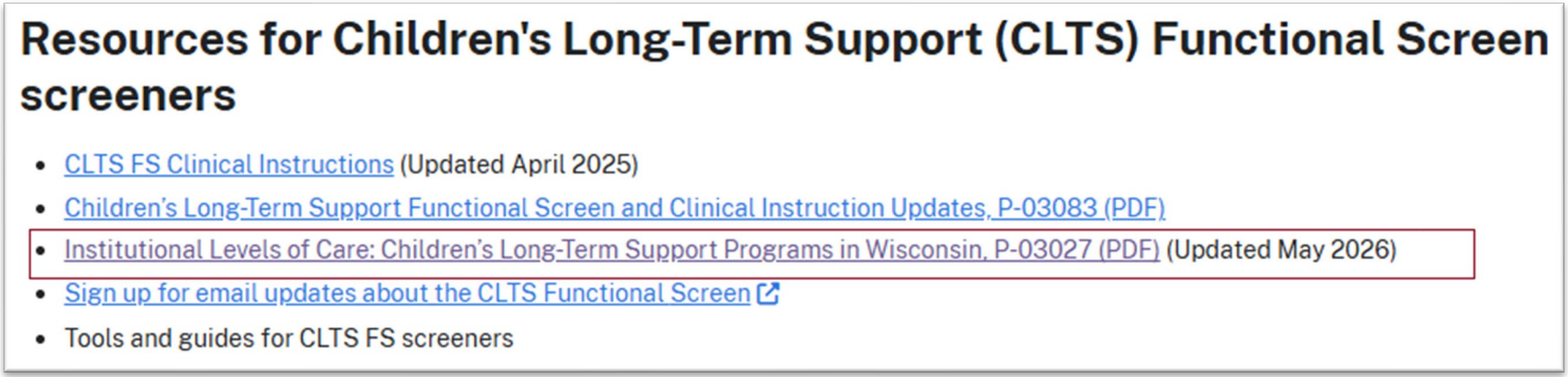
Accessing teleconference materials:

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

Institutional LOC Guidelines Review

Mary Schlaak Sperry, BCS

Institutional LOC Guidelines and the CLTS FS



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

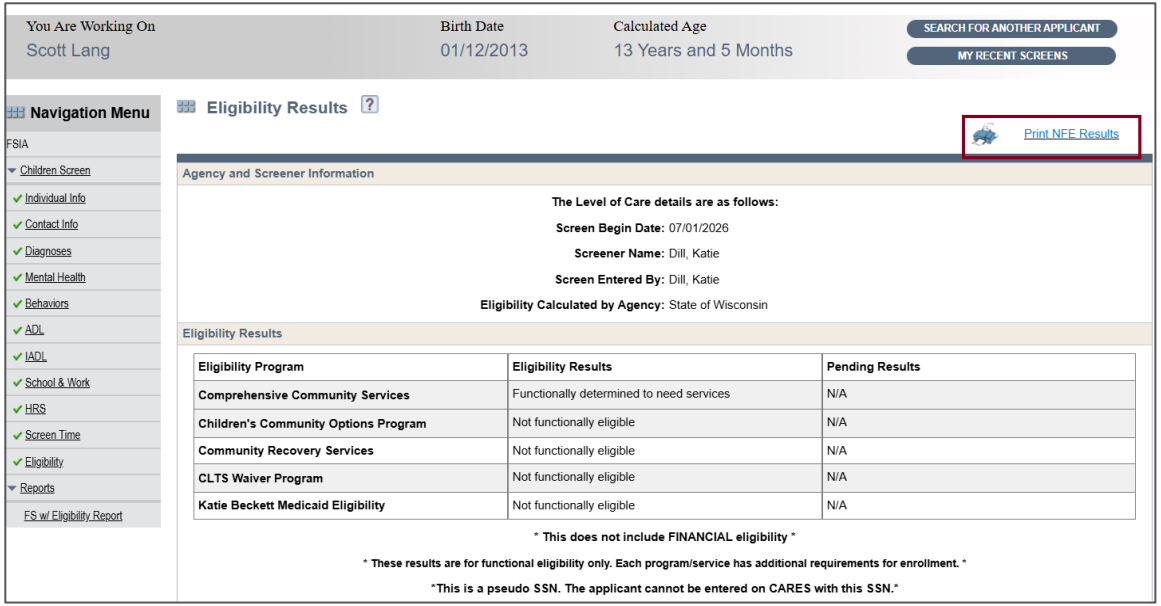
- CLTS FS Clinical Instructions (Updated April 2025)
- Children's Long-Term Support Functional Screen and Clinical Instruction Updates, P-03083 (PDF)
- Institutional Levels of Care: Children's Long-Term Support Programs in Wisconsin, P-03027 (PDF) (Updated May 2026)
- Sign up for email updates about the CLTS Functional Screen
- Tools and guides for CLTS FS screeners

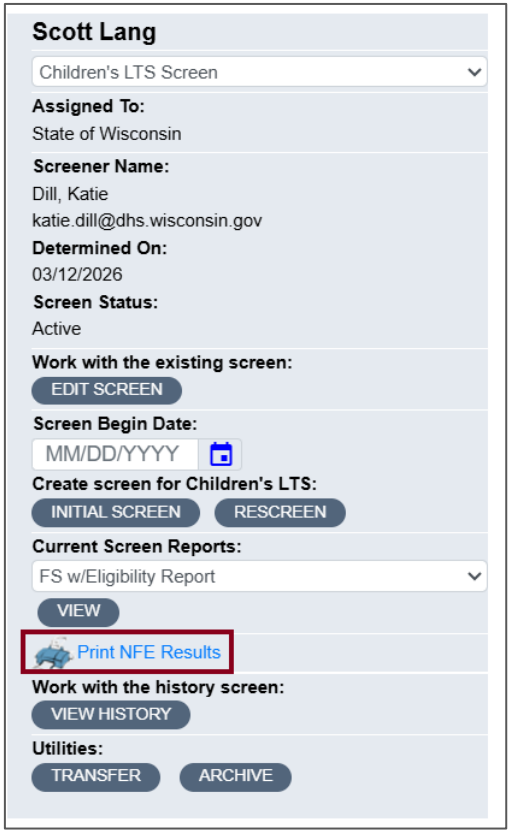
Wisconsin's Functional Screen Home Page

Institutional Levels of Care: Children's Long-Term Support Programs in Wisconsin, P-03027

Institutional LOC Guidelines and the CLTS FS

- [Module 11.1 Not Functionally Eligible LOC Results]





Institutional LOC Guidelines and the CLTS FS

- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Level of Care
  - Developmental Disabilities Target Group (DD1 or DD2)
- Psychiatric Hospital Level of Care
  - Mental Health Target Group
- Nursing Home and Hospital Level of Care
  - Physical Disability Target Group (PD)

LOC Guidelines and the CLTS FS–ICF/IDD–Diagnosis

- Diagnosis of a Cognitive Disability or a related condition
- Cognitive Disability/Intellectual Disability is an IQ score of 70 or below
- Related conditions
  - Autism Spectrum Disorders, Brain Injury or Brain damage, Cerebral Palsy, Developmental Delay (specifically), Down Syndrome, Endocrine Disorders, Fetal Alcohol Syndrome/Effects, Genetic or Chromosomal Disorders, Metabolic Disorders, Prader Willi Syndrome, Rett's Syndrome, Seizure Disorders, Spina Bifida, Tuberous Sclerosis

Substantial Limitations

- Substantial functional limitations when compared to the child's age group that are expected to last at least 12 months in **three** of the **six** areas:
  - Self-care (ADLs)
  - Understanding and use of language (communication)
  - Learning
  - Social competency/self-direction
  - Mobility
  - Capacity for independent living (money management and food preparation)

Substantial Functional Limitations: Learning and Communication

- Two standard deviations below the mean or 30% delay or questions marked that meet that standard

Substantial Functional Limitations: ADLs

- Limitations need to be a direct result of the child's disability.
- Activities need to be exhibited most of the time (50% of the time or more).
- Child needs extensive, hands-on adult intervention beyond what peers typically need at that age.
  - Require this assistance consistently.
  - Require this assistance to complete the function across all settings.

Need for Active Treatment

- Requires a continuous active treatment program including training, therapies, and related services
- Designed to address the child's substantial functional limitations and help them:
  - Acquire skills and behaviors necessary to function with as much self-determination as possible.
  - Prevent deceleration, regression, or loss of optimal functional status.

Institutional LOC Guidelines and the CLTS FS-Psychiatric Hospital

- **Diagnosis** of a mental health condition.
- Mental health diagnosis/related symptoms are expected to persist for a specific **duration** of time.
- Involvement with **service systems** related to mental health support.
- Severe symptomology or dangerous **behaviors** that require **interventions** at a specific intensity and **frequency**.

Psychiatric Hospital–Diagnoses

Diagnostic categories considered:

- Acute Stress Disorder
- Bipolar Disorder
- Anti-Social Personality Disorder
- Anxiety Disorders
- Attention-Deficit Disorders
- Autism Spectrum Disorders (299.00)
- Body Dysmorphic Disorder
- Conduct Disorder
- Depersonalization Disorder
- Depression
- Disruptive Behavior Disorders
- Dissociative Disorders
- Dysthymic Disorders
- Eating Disorders
- Hypochondriasis
- Impulse-Control Disorder
- Mood Disorders
- Obsessive-Compulsive Disorder Oppositional Defiant Disorder
- Personality Disorders
- Post-Traumatic Stress Disorder
- Psychotic Disorders
- Reactive Attachment Disorder
- Schizophrenia
- Sexual and Gender Identity Disorders
- Somatoform Disorders
- Stereotypic Movement Disorder
- Substance-Related Disorders including Alcohol use
- Tourette's Syndrome

Psychiatric Hospital–Diagnoses

- Diagnoses must be made by certain practitioners using standardized testing/norm referenced tools.

Psychiatric Hospital–Duration

- The diagnosis or symptoms have persisted for at least six months.
  - Look back
- The diagnosis or symptoms are expected to persist for one year or longer.
  - Look forward

Psychiatric Hospital–Services

- Involvement with service systems
  - Either:
    - Child must currently receive **or** require services in connection with their mental health diagnosis from at least **two** of the following four service systems.
    - Child must currently receive or require services of **three hours or more** per week in connection with their mental health diagnosis/symptoms from **one** of the following service systems.

Psychiatric Hospital–Services

1. Mental Health Services
    i. Psychotherapy, psychiatric hospitalization, community-based day treatment programs, and intensive in-home treatment for children with autism spectrum disorders
2. Criminal Justice System
    i. Includes juvenile and adult justice systems.

Psychiatric Hospital–Services

3. Formal/Informal Service Plan for In-School Supports
    i. Individualized educational plan (IEP) specifically for emotional/behavioral disability (EBD) programming
    ii. Active behavioral intervention plan (BIP)
    iii. Informal supports on a regular basis for Mental Health Behaviors in the school setting
4. Substance Abuse Services
    i. Includes day treatment and outpatient services.

Psychiatric Hospital–Severe Symptoms

- Psychotic symptoms
  - Delusions, hallucinations, and/or loss of contact with reality once within the last three months or twice in past year.
- Suicidality
  - A serious suicide attempt or significant suicidal ideation or plan within the last 12 months.

Psychiatric Hospital–Severe Symptoms

- Violence
  - Acts that endanger the lives of others and could cause victim(s) to require inpatient admission to a hospital (use of a weapon, acts of arson/bomb threats).
- Anorexia/Bulimia
  - Life-threatening effects of serious eating disorders as determined by physician with malnutrition, electrolyte imbalances, or body weight/development below 20th percentile due to the eating disorder.

Psychiatric Hospital–Dangerous Behaviors

- **High-risk behaviors**
  - Running away
  - Substance abuse
  - Dangerous sexual contact
- **Self-injurious behaviors**
  - Self-cutting, burning, or strangulation
  - Severe self-biting
  - Tearing at or out body parts
  - Inserting harmful objects into body orifices
  - Head-banging

Psychiatric Hospital–Dangerous Behaviors

- **Aggressive or offensive behavior toward others**
  - Serious threats of violence
  - Sexually inappropriate behavior
  - Abuse or torture of animals
  - Hitting, biting, or kicking
  - Masturbating in public
  - Inappropriate elimination
- **Lack of behavioral controls**
  - Destruction of property/vandalism
  - Theft or burglary

Psychiatric Hospital–Dangerous Behaviors

- Frequency matters.
  - If reduced frequency or change in type of intervention between one year to the next, this can cause an eligibility difference.

CLTS Functional Screen Best Practices

Katie Dill, BCS

Module 5: Behaviors

- Behaviors are defined within CLTS FS Instructions Module 5 - Behaviors
- Definitions include when and when not to mark certain behaviors.
- Behaviors are separated into four categories:
  - High-risk behaviors
  - Self-injurious behaviors
  - Aggressive or offensive behavior toward others
  - Lack of behavioral controls

Module 5: High-Risk Behaviors

- **Running away**–Impulsive flight without regard to safety.
  - Checked for children who:
    - Run off in a store.
    - Leave a building without notice.
    - Run away without regard for safety or where they are going.
    - Run as an emotional response or due to a lack of awareness of rules or structure.
  - **Not** checked for children who:
    - Run away from parent or caregiver but never go out of the caregiver's eyesight.
    - Wander off without supervision but are aware of their surroundings and are able to return to home or school independently.

Module 5: High-Risk Behaviors

- **Running Away Scenario 1:**
  - Sam is 4 years old and is diagnosed with Autism Spectrum Disorder (ASD). Sam runs away from his caregiver several feet, turns back and smiles while waiting for his caregiver to get him. He never leaves the sight of his caregiver and will let his caregiver approach him.
- **Running Away Scenario 2:**
  - Judy is 7 years old and is diagnosed with ASD. When overwhelmed by academic or social expectations, she runs out of the school building and into the woods behind. She does not tell anyone she is leaving or where she is going and staff have had to search for her.

Module 5: High-Risk Behaviors

- **Running Away Scenario 3:**
  - Benny is 15 years old and is diagnosed with Attention Deficit Disorder (ADD). He leaves his house to visit his friends down the street without notifying his parents. He always returns independently and will answer his phone if his parents call him to see where he is.

Module 5: High-Risk Behaviors

- **Substance abuse**
  - Checked for children who:
    - Use illegal drugs including alcohol or misuse of prescription medications.
  - **Not** checked for children who:
    - Use tobacco products.
- **Vapes**
  - Nicotine vapes would not be checked.
  - THC vapes would be checked.

Module 5: Self-Injurious Behaviors

- **Head-banging**
  - Repeatedly banging one's head which can lead to injury. Banging one's head without regard for the surface that they are hitting.

Module 5: Self-Injurious Behaviors

- **Head Banging Scenario 1:**
  - Jonathan is 8 years old and is diagnosed with Anxiety Disorder. When Jonathan becomes upset, he will take the flat palm of one hand and hit his head. This does not result in injury or bruises to his head or face.
- **Head Banging Scenario 2:**
  - Amy is 3 years old and is diagnosed with ASD. When Amy's parents take toys away or tell her "no" she will bang her head on any surface that is nearby whether it be a couch, hard table or floor.

Module 5: Self-Injurious Behaviors

- **Biting oneself severely**
  - Biting is a severe form of self-mutilation that can lead to damage of the body.
    - A child who engages in this behavior will rupture the skin, which may bleed and scar.
    - A child who bites their nails or cuticles because of a nervous habit would not be considered self-injurious. An injury that leaves a mark that disappears in a few hours would not meet these criteria.
    - However, injury that breaks the skin and requires time for the skin to heal does meet the criteria for self-injurious behavior.

Module 5: Self-Injurious Behaviors

- **Biting Oneself Severely Scenario 1:**
  - Jaxon is 3 years old and is diagnosed with ASD. Joey bites his finger when he is upset and leaves bite marks on his finger that fade after 30 minutes.
- **Biting Oneself Severely Scenario 2:**
  - Anna is 14 years old and is diagnosed with Anxiety Disorder. She bites her fingernails down to the skin during stressful situations. She has not needed medical intervention and her nails grown out normally between episodes.

Module 5: Self-Injurious Behaviors

- **Biting Oneself Severely Scenario 3:**
  - Jessie is 16 years old and is diagnosed with Anxiety Disorder. He bites his arm until it bleeds. He has needed medical intervention and has scars on his arms where he has bit.

Module 5: Aggressive or Offensive Behavior Toward Others

- **Hitting, biting, or kicking**
  - The aggressive behavior involves **multiple** victims on an **ongoing basis**.
    - Meaning the behavior does not just occur once or twice.
  - Aggression is beyond an age-appropriate level when **two** of the following are present:
    - Child cannot regulate their body to cease the behavior.
    - Child approaches the incident with the intent to cause harm to others.
    - Others cannot stop the aggression with typical caregiving strategies.

Module 5: Aggressive or Offensive Behavior Toward Others

- **Hitting, biting, or kicking (continued)**
  - The situation requires one or more of the following interventions:
    - An intervention plan (formal or informal) which includes adult intervention to cease the behavior, or avoidance of the stimuli triggering the behavior.
    - Use of physical protective measures, including the removal of other children from the vicinity or the removal of the child from others.
    - Physical intervention.
    - Police or police liaison intervention.
  - Child's repeated acts of aggression have created an atmosphere of fear.
  - Victim sustains injuries severe enough to require medical attention.

Module 5: Aggressive or Offensive Behavior Toward Others

- **Hitting, Biting or Kicking Scenario 1:**
  - Danny is 3 years old and is diagnosed with ASD. When he is upset, he will seek out and smack only his mother's arms or legs.
- **Hitting, Biting or Kicking Scenario 2:**
  - Janet is 10 years old and is diagnosed with Conduct Disorder. She punches her sister and her brother in her home. Her brother and sister have started avoiding her and cowering when she comes near. Even when her parents step between her and the other children, she continues to attempt to punch them and cannot be soothed.

Module 5: Aggressive or Offensive Behavior Toward Others

- **Hitting, Biting or Kicking Scenario 3:**
  - David is 7 years old and is diagnosed with Oppositional Defiant Disorder. David punched a classmate at school one time in the last year. The other child did not seek medical attention and did not press charges. Nothing like this has ever happened in the past.

Module 5: Aggressive or Offensive Behavior Toward Others

- **Abuse or torture of animals**
  - Abusing animals to find power, joy, or fulfillment through the torture of victims they know cannot defend themselves.
  - Most children, with guidance from parents and teachers, develop empathy for the pain animals can suffer.

Module 5: Aggressive or Offensive Behavior Toward Others

- **Abuse or Torture of Animals Scenario 1:**
  - Jay is 9 years old and is diagnosed with Conduct Disorder. He seeks out small animals in the woods behind his house and utilizes weapons and traps to hurt them. When asked why he does this, he just says that he likes to do it and it is fun.
- **Abuse or Torture of Animals Scenario 2:**
  - April is 3 years old and is diagnosed with ASD. April pulls the family dog's tail and ears while laughing. April will stop when redirected.

Module 5: Lack of Behavioral Controls

- **Destruction of property/vandalism**
  - Destroying or vandalizing the property of self or others by means other than fire-setting (arson is covered in “Rare/Extreme” questions).
  - Destruction of property can occur if a child is unable to regulate their emotional response to what is happening in their environment.
  - If the behavior is significant (occurs repeatedly, produces damage), this behavior must be considered.

Module 5: Lack of Behavioral Controls

- **Destruction of Property/Vandalism Scenario 1:**
  - Carlos is 10 years old and is diagnosed with ADHD. When upset in the school setting, he will run around the classroom, tear posters off the wall, swipe things off the tables, and throw desks to break them. This occurs weekly.
- **Destruction of Property/Vandalism Scenario 2:**
  - Pat is 15 years old and is diagnosed with Conduct Disorder. When he is working on academics and becomes frustrated, he will throw a pencil on the desk and push his paper across the table.

Module 5: Lack of Behavioral Controls

- **Stealing, burglary, or kleptomania within the community**
  - **Stealing** means taking the property of another without right or permission.
    - For the purposes of the CLTS FS, it does not include taking property from the child's own home, apart from money, credit cards, or valuables that are taken for the purposes of making money.
  - **Burglary** is the unlawful entry into a building or other structure with the intent to commit any theft or felony inside.
  - **Kleptomania** is a condition in which a person is compelled to steal things, generally things of little or no value, such as pens, decorative pins, or wall decorations. They are often unaware of performing the theft until sometime later.

Module 5: Lack of Behavioral Controls

- **Stealing, Burglary, or Kleptomania Scenario 1:**
  - George is 16 years old and is diagnosed with Conduct Disorder. He takes money from his parent's wallets several times a month so that he can buy alcohol.
- **Stealing, Burglary, or Kleptomania Scenario 2:**
  - Lars is 14 years old and is diagnosed with ADHD. He will buy games on his tablet without talking to parents about the purchases first. This is an impulsive act and has lessened after parents explained that he needs to ask before buying games.

Module 5: Lack of Behavioral Controls

- **Stealing, Burglary, or Kleptomania Scenario 3:**
  - Leonard is 10 years old and is diagnosed with Anxiety Disorder. He takes his sister's tablet to his friend's house every other day and brings it back when he is done.

Not Functionally Eligible (NFE) Email Expectations

Katie Dill, BCS

NFE Email

- **NFE emails to DHSCLTSFS@dhs.wisconsin.gov should include:**
  - The name and date of birth of the child screened.
  - Verification who has reviewed the screen at your agency.
  - If this is a rescreen: Information regarding the key changes from last year's screen to this year's screen.
  - If the result was expected or unexpected.

Certified Screener Training Updates

Mary Schlaak Sperry, BCS

Certified Screener Training Update: Upcoming

- Updating and revising questions for the Certified Screener Training
- Creating a review course for the training that can easily be reviewed by screeners
  - More information regarding how to access the review course will be provided at the November CLTS FS Teleconference.

Resources

Katie Dill, BCS
Mary Schlaak-Sperry, BCS

Resources for Leads and Screeners

- Learning Center UW-Oshkosh
- CLTS Functional Screen Clinical instructions
- Wisconsin's Functional Screen webpage
- DHS CLTS FS staff email
- DHS BCS Technical Assistance Center email
- SOS Help Desk email
- SOS Phone: 608-266-9198

Upcoming Outreach Dates

Katie Dill, BCS
Mary Schlaak-Sperry, BCS

2026 CLTS FS Outreach Dates

- Post-teleconference meetings
  - Thursday August 20, 11 a.m.–noon
- Quarterly teleconference
  - Thursday, November 12, 11 a.m.–noon