

Children's Long-Term Support Functional Screen

Bureau of Children's Services (BCS)
Division of Medicaid Services (DMS)
February 12, 2026

Agenda

- Not Functionally Eligible (NFE) Quality Assurance (QA)
- NFE email process
- Children's Long-Term Support (CLTS)
Functional Screen (FS) best practices
- 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.

Not Functionally Eligible (NFE) Quality Assurance (QA)

Katie Dill, BCS

NFE QA Improvement Project

- **Project completion**

- ◆ Thank you to everyone who participated!
- ◆ The average percentage of NFEs being corrected through technical assistance efforts is trending downward.

NFE QA Improvement Project: Next Steps

Next steps for 2026

- Updating teleconference structure
 - ◆ Conducting post-teleconference sessions
- Revising and updating the CLTS FS Clinical Instructions
- Revising and updating the CLTS FS website structure and supplemental documents
- Continuing to track data related to screens calculated as NFE and enhance quality assurance reviews and processes.

NFE QA Improvement Project: Next Steps

- Updating emails sent by the Functional Screen Team (discussed in later slide)
- Updating the CLTS FS teleconference structure
 - ◆ Creating opportunities for engagement and collaboration
 - ◆ Conducting post-teleconference sessions
- Updating the CLTS FS Clinical Instructions
 - ◆ Including updated email protocol
 - ◆ Clarifying areas to promote consistency across counties and screeners

NFE Email Process

Katie Dill, BCS

NFE Review: Updates and Reminders

[Module 1.6](#) of the CLTS FS instructions indicates what to do in the case of an NFE screen.

- **After** your NFE screen has been reviewed internally at your agency, please send an email to:
DHSCLTSFS@dhs.wisconsin.gov
- **Please include:**
 - ◆ The name and date of birth for the child.
 - ◆ The professional(s) that reviewed the NFE screen.
 - ◆ A narrative regarding relevant information that changed from the last screen to the current screen.
 - This is only if it is a rescreen.
 - ◆ If the outcome was expected or unexpected.

NFE Review: Updates and Reminders

- BCS staff will no longer be reviewing children's screens from emails that do not fit the structure provided on the last slide.
 - ◆ If an email does not have the structure provided, we will send an email back asking for the appropriate information. Once we receive this information, we will review the screen.
- BCS staff will continue to reach out if a screen is not sent to us via email after calculated as NFE and reviewed by another professional in your county.
 - ◆ If a screener does not send us an email, we will be copying their screen lead on our email and ask for the appropriate information. Once we receive this information, we will review the screen and ask any necessary follow-up questions.

FS Best Practices

Katie Dill and Mary Schlaak Sperry, BCS

Diagnosis

Module 3 of the CLTS FS Clinical Instructions

The actual diagnostic evaluation does not need to be seen as part of the initial screen if it is known:

- Who diagnosed the child.
- That the person who diagnosed has the professional experience with that diagnosis type.
- When they were diagnosed.
- How they were diagnosed (tools used) can be identified through verbal report/reviewing other records.

Mental Health

Module 4 of the CLTS FS Clinical Instructions (Screenshot)

Mental Health Services:

- **Does the child currently require any of the following services?
(Check all that apply)**
 - ◆ Clinical case management and service coordination across systems
 - ◆ Criminal justice system
 - ◆ Mental health services (check all that apply)
 - ◆ Psychiatric medication checks with psychiatrist or other physician
 - ◆ Counseling sessions with psychologist or licensed clinical social worker
 - ◆ Inpatient psychiatric treatment
 - ◆ Day treatment - either partial or full day
 - ◆ Behavioral treatment for children with Autism Spectrum Disorders under the supervision of a mental health professional
 - ◆ In home psychotherapy under the supervision of a mental health professional

Mental Health

Module 4 of the CLTS FS Clinical Instructions

- **Clinical Case Management and Service Coordination Across Systems**
 - ◆ Typically refers to the CCS program or other mental health systems
- **Mental Health Services:**
 - ◆ Equine therapy, music therapy, other therapies would need to be under the supervision of mental health professional and addressing mental health/behavioral goals.
 - ◆ These include psychologist, psychiatrist, counselor, clinical social worker, etc.

Mental Health

Module 4 of the CLTS FS Clinical Instructions

- **In-school Supports for Emotional and/or Behavioral Problems**
 - ◆ This item is checked in the following situations:
 - Child has an IEP for emotional/behavioral disorders (EBD) programming. This is not applicable for supports **only related to focusing, staying on task, or organization**.
 - Child is in a specialized school for behavior/mental health issues.

Mental Health

Module 4 of the CLTS FS Clinical Instructions

Mental Health Services

- “Require” means that the specific service has been recommended by a professional.
- It addresses the identified mental health need.
- The professional recommendation must have been made within the past year.
- If the parent or child has not accessed recommended services for over 12 months, then this recommendation is no longer valid.

Behaviors

Module 5 of the CLTS FS Clinical Instructions

 Behaviors  Cancel

**** Current Intervention Reference Table**

Time-out/Supervision	Medical/Professional Intervention	Emergency
<ul style="list-style-type: none"> • Regular time-outs • Restricted community access • Constant supervision ("in-line of sight") 	<ul style="list-style-type: none"> • Professional medical treatment • Regular professional therapeutic treatment • Regular use of protective gear • Environmental Limitations • Constant supervision ("within arm's reach") • Interventions taught/recommended and used by parents/caretakers • Evidence based Interventions parents/caretakers have sought out and used 	<ul style="list-style-type: none"> • Urgent or emergency medical treatment • Police involvement/Youth Justice involvement/Child Welfare • Intervention resulting in a temporary placement out of the home for intensive monitoring/treatment within the last six months

Behavior Information

Behaviors

Module 5 of the CLTS FS Clinical Instructions

Medical professional intervention types and examples

- Regular professional therapeutic treatment
 - ◆ Counseling, therapy, CCS, is assisting with the listed behavior
- Environmental limitations
 - ◆ Fences, removal from classroom, removal from situation, GPS, locks
- Constant supervision
 - ◆ Within arms length vs. within sight

All Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)

Module 6 of the CLTS FS Clinical Instructions

For all ADL/IADLs

- The questions on the screen are a starting point, not an end point.
- Use the ADL/IADL age charts for examples to build further questions.
- Ask for a description for ADLs.
- Child must need hands-on assistance or need to be told what to do step by step.
- They need help a majority of the time (50% of the time or more).

ADLs and IADLs: Communication

Module 6 of the CLTS FS Clinical Instructions

Does not use language to share information

- Giving directions, describing feelings, providing details.
- Can only talk about topics that are important to them and will refuse or are not able to engage in reciprocal conversation with a communication partner.
- Cannot articulate internal/physical feelings (e.g., bad, happy, excited, hurt, upset, etc.).

ADLs and IADLs: Mobility

Module 6 of the CLTS FS Clinical Instructions

Unable to ambulate independently.

- Uses a wheelchair or walker or specialized equipment to compensate for a physical impairment in mobility.
- Uses generic equipment to compensate for the child's physical mobility impairment.
- Requires another person to help hold the child up while they walk.
- Unable to ambulate due to extreme pain or skin breakdown.
- Over age 6, unable to walk long distances due to fatigue from the significant effort involved in ambulating.
- Needs continuous physical guidance while walking to avoid hazards due to vision.

Resources

Katie Dill, 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 CLTS Waiver TA Staff email](#)



[SOS Help Desk email](#)



SOS Phone: 608-266-9198

Upcoming Outreach Dates

Katie Dill, BCS

2026 CLTS FS Teleconference Schedule

2026 CLTS FS quarterly teleconference

- Thursday, May 14, 11 a.m.–noon
- Thursday, August 13, 11 a.m.–noon
- Thursday November 12, 11 a.m.–noon