

Children's Long-Term Support Functional Screen

Bureau of Children's Services (BCS)
Division of Medicaid Services (DMS)
November 13, 2025

Agenda

- Not Functionally Eligible (NFE) Quality Assurance (QA)
- NFE Email Process
- Children's Long-Term Support (CLTS) Functional Screen (FS) Best Practices
 - ◆ Mental Health/Behavior
 - ◆ Appeal Reminders
- Resources
- Outreach

Teleconference Information

Accessing teleconference materials:

- We will send 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

- **Goal**

- ◆ Understand county operations as they relate to the CLTS Functional Screen training, completion, and review.
- ◆ Improve the accuracy, fidelity, and consistency of CLTS NFE screens statewide.

- **Strategy**

- ◆ Data analysis
- ◆ Survey
- ◆ County discussions

County Outreach

- **Data analysis**

- ◆ NFE data taken from September 2024 to February 2025.

- **Survey**

- ◆ We sent the survey to all CLTS FS Leads on August 14, 2025.
- ◆ The survey asked questions related to completing, reviewing, and confirming CLTS Functional Screens.
- ◆ 68 functional screen leads from 53 counties responded.

- **County discussions**

- ◆ The Functional Screen Team met with 10 counties ranging in number of CLTS NFE screens conducted as well as overturned NFE rates after receiving technical assistance.
- ◆ The questions and conversation focused on county processes as they relate to FS completion, review, and confirmation.

Themes from County Outreach

- **Training**

- ◆ Initial and ongoing trainings are developed and implemented at each county.
- ◆ Many counties have developed checklists or supplemental material for the FS.

- **Initial and annual screens**

- ◆ Screen completion is operationalized differently within each county.

- **NFE review**

- ◆ Some counties have one level of review while other counties have multiple levels of review.

Feedback from County Outreach

Many counties expressed interest in the Functional Screen Team:

- Providing more training opportunities through multiple modalities.
- Supporting program areas in collaborating and completing the screen to fidelity.
- Updating and clarifying areas of the Functional Screen Instructions and supplemental materials.

Positive Feedback for the FS Team from County Outreach

- Functional Screen Teleconferences and Functional Screen Instructions are informative and helpful.
- The FS Team responds to NFE reviews and technical assistance inquiries timely and provide helpful information.
- The change implemented regarding requiring more information for NFE emails sent to the FS Team has been helpful for counties as well.

Next Steps

- Create, organize, and update resources that will promote consistency and learning for all screeners.
- Explore creative and engaging ways to disseminate information to all screeners.
- Continue to track data related to screens calculated as NFE.

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 for if it is a rescreen.
 - ◆ If the outcome was expected or unexpected.

NFE Email Example

- John has a diagnosis of depression and was experiencing suicidality and aggressive behavior surrounding activities of daily living (ADLs) in 2024. Mental Health therapy and medication changes have led to progress in these areas in the last year.
 - ◆ Example email:

Hello,
The following child's screen has resulted in a Not Functionally Eligible result.
John Doe DOB: 01/01/2015
This NFE screen has been reviewed by my supervisor
In 2024, suicidality was marked on the screen. John has not had symptoms of suicidality in the last year due to medication changes. He was also combative for showering and grooming in 2024, but this is no longer an issue and is also unmarked.
Due to his progress, this outcome was expected.

Thank you,

Katie Dill M.Ed., BCBA
Program Eligibility Specialist

NFE Email Example

- Jane has a diagnosis of cerebral palsy. She has areas of need within ADLs and instrumental activities of daily living (IADLs) that are consistent from 2024-2025, but due to speech therapy, has a reduced need within Communication.
 - ◆ Example email:

Hello,
The following child's screen has resulted in a Not Functionally Eligible result.
Jane Doe DOB: 02/02/2020
This NFE screen has been reviewed by my lead.
In 2024, she was not speaking in sentences or asking for desired items. Since receiving regular speech therapy, she is now speaking in sentences and able to have a conversation so these areas are no longer marked under communication.
Since I only changed items in communication, this outcome was unexpected.

Thank you,

Katie Dill M.Ed., BCBA
Program Eligibility Specialist

FS Best Practices

Katie Dill and Mary Schlaak Sperry, BCS

FS Best Practices-Mental Health

4.4 Mental Health Services

Does the child currently require* services from any of the following? (Check all that apply)

- Clinical Case Management and Service Coordination across Systems, this is specifically for services rendered through the mental health system.
- Criminal Justice System, including juvenile and adult justice systems and police involvement.
- Mental Health Services (check all that apply):
 - ◆ Substance Abuse Services, including day treatment and outpatient services.
 - ◆ In-school Supports for Emotional and/or Behavioral Problems

FS Best Practices-Mental Health

4.4 Mental Health Services

- Mental Health Services (check all that apply):
 - ◆ Psychiatric Medication with Psychiatrist or other medical health provider
 - ◆ Counseling Sessions
 - ◆ 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
 - If a child is participating in ongoing treatment, once they have completed the intensive program it is only listed as mental health services if a psychiatrist or psychologist oversees the specific intervention.

FS Best Practices-Mental Health

4.4 Mental Health Services

Does the child currently require* services from any of the following? (Check all that apply)

- * Require means that the specific service has been recommended by a professional and it is essential to address 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 **unless there is a barrier to access such as a waiting list.**

FS Best Practices-Mental Health

4.4 Mental Health Services

In-school Supports for Emotional and/or Behavioral Problems

- This item is checked in the following situations:
 - ◆ Child has an Individualized Education Program (IEP) for emotional/behavioral disorders (EBD) programming. This is not applicable for supports only related to focusing, staying on task, or organization.
 - ◆ Child has an active Behavior Intervention Plan (BIP) in an IEP.
 - ◆ Child has an aide to address behaviors.
 - ◆ Child is in a specialized school for behavior/mental health issues.
 - ◆ Informal supports that can include sensory breaks, added support during peer/social interactions, classroom accommodations to aid behavior, or other related supports.

FS Best Practices-Mental Health

4.4 Mental Health Services Screen Notes

10/06/2025: Per mother, Rachel is awaiting charges for a 9/5/2025 shoplifting incident. As part of court order, Rachel will receive psychiatric support as she cannot regulate herself and feels "out of control".

- Rachel's school district is also actively pursuing an IEP. In the last 12 months, Rachel received weekly support from the school social worker due to behavioral issues such as getting into weekly physical fights with other students.
- Rachel has a teacher walk with her when she leaves the classroom so she is not left unattended. MSS/BCS

FS Best Practices:

5.3 Frequency of Behaviors

- When answering the question of how often a behavior occurs, consider the behavior each month over the past **six months**.
- When answering questions regarding the frequency of behaviors on the functional screen, the screener must remember to consider the impact of current interventions on the child's behaviors.

FS Best Practices:

5.3 Frequency of Behaviors

- ◆ If the professionals involved agree that the child's behaviors would resurface if they discontinued current interventions (except for medications), the screener must record the frequency of the child's behaviors prior to receiving the interventions. **See section 5.8 of the instructions for further guidance.**
 - Never
 - Less than once a month
 - 1-3 days each month
 - 1-3 days each week
 - 4 or more days each week

FS Best Practices:

5.4 Behavior Interventions

 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 involvement/Child Welfare• Intervention resulting in a temporary placement out of the home for intensive monitoring/treatment within the last six months

FS Best Practices:

5.5 Duration of Behavior

Expected to last six months or longer?

- If the behavior is chronic, check “yes” for this question.
- If the screener is uncertain, check “yes” to give the child the benefit of the doubt, but be certain to review the behavior at time of a rescreen.
- If a behavior is marked “no” as in not expected to last for longer than six months, additional notes indicating specific reasoning are needed.

FS Best Practices-Behaviors

Screen Notes

10/6/2025: Rachel has some form of aggressive behavior on a daily basis. She will frequently lash out at her brother or at children at school. She has an aide with her at school to intervene, if needed.

- At home, she needs to be supervised at all times because she may just get up and take off. This summer she ran away for a couple of days and her mother had to contact the authorities. She does not have a sense of danger.
- She does have a history of shop lifting and recently got into trouble for stealing someone's earbuds. MSS/BCS

Appeals

Mary Schlaak Sperry, BCS

Roles in Appeals

- The county agency is the agency of action.
- BCS reviews eligibility and service appeals.
 - ◆ BCS reviews county's compliance with CLTS Program policy
 - ◆ BCS is available to consult or assist with appeals related questions.
- The county waiver agency (CWA) responsibility outlined in [Chapter 8 of the Waiver manual.](#)

What to Expect During the Fair Hearing

- Take place by phone
- Standard hearing time is 30 minutes
- Judge will give a brief overview of the process
- Those that will be testifying will be sworn in
- The CWA is usually asked to begin

The Functional Screen and Appeals

- Review Institutional Levels of Care and Target Groups (Eligibility Results page of the CLTS FS).
- Review the Institutional Levels of Care document for specific criteria needed for eligibility in these areas.
- Review the CLTS Functional Screen Narrative for NFE Results.

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

- [CLTS FS Clinical Instructions](#) (Updated May 2024)
- [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 \(PDF\)](#)
- [Sign up for email updates](#) 
- Tools and Guides for CLTS FS Screeners
 - [Creating a Document of Age-Dependent ADL and IADL Questions \(FSIA\), P-03470 \(PDF\)](#)
 - [Creating Timeline Reports in Functional Screen Information Access \(FSIA\), P-03295 \(PDF\)](#)
 - [Diagnosis Cue Sheet, P-00920 \(PDF\)](#)
 - [Norm-Referenced Assessment Tools for Communication and Learning, P-00933 \(PDF\)](#)
 - [Paper Form, F-00367 \(PDF\)](#)
- [Screener Certification On-line Course](#) 
- [Child Development Modules: Typical and Atypical Development](#) 

The Functional Screen and Appeals: Review of NFE Results

Determined On:
10/01/2024

Screen Status:
Active

Work with the existing screen:

EDIT SCREEN

Screen Begin Date:

MM/DD/YYYY 

Create screen for Children's LTS:

INITIAL SCREEN **RESCREEN**

Current Screen Reports:

FS w/Eligibility Report 

VIEW

 **Print NFE Results**

Work with the history screen:

VIEW HISTORY

Utilities:

TRANSFER **ARCHIVE**

<p>DD Level of Care</p> <p>A child may be assigned this level of care if the child meets ALL THREE of the criteria listed below for Developmental Disability.</p> <p>The criteria are</p> <ol style="list-style-type: none"> 1.The child has a diagnosis of a Cognitive Disability that substantially impairs learning and that is expected to continue indefinitely; and 2.The child demonstrates Substantial Functional Limitations when compared to age appropriate activities that are expected to last a year or longer; and 3.The child has the Need for Active Treatment <p>Child's Results This child does not have a diagnosis of a Cognitive Disability or a similar diagnosis as required to meet Criterion 1 of the DD Level of Care.</p>
<p>SED Level of Care</p> <p>A child may be assigned a SED level of care if the child meets ALL FOUR of the criteria listed below for Severe Emotional Disturbance.</p> <p>The criteria are</p> <ol style="list-style-type: none"> 1.The child has a Diagnosis of a mental health condition; and 2.The child's mental health diagnosis or symptoms related to the diagnosis have existed and are expected to persist for a specific Duration of time; and 3.The child is in need of Involvement with Service Systems related to mental health support; and 4.The child exhibits Severe Symptomology or Dangerous Behaviors at a specific intensity and frequency of required interventions such that without this direct, daily community-based intervention, the child is at risk for institutionalization within a psychiatric hospital. <p>Standard I: Psychotic symptoms Standard II: Suicidality Standard III: Violence Standard IV: Anorexia/Bulimia Standard V: Multiple Dangerous Behaviors Standard VI: Dangerous Behavior PLUS Substantial Social Competency Impairment Standard VII: Rare and Extreme Circumstances PLUS Dangerous Behavior OR Substantial Social Competency Impairment</p> <p>Child's Results: This child does not exhibit the rare or extreme circumstances or substantial social competency impairment required to meet Criterion 4; Standard VII of the SED Level of Care Requirements.</p>
<p>NH Level of Care</p> <p>A child may be assigned this level of care if the child meets BOTH of the criteria listed below for Physical Disability.</p> <p>The criteria are</p> <ol style="list-style-type: none"> 1.The child has a Diagnosis of a medical/physical condition resulting in needs requiring long term care services; and 2.The child requires skilled Nursing Interventions and/or has Substantial Functional Limitations requiring hands on assistance from others throughout their day. <p>Child's Results This child does not require the skilled nursing interventions or does not have substantial functional limitations required to meet Criterion 2 of the NH Level of Care Requirements.</p>
<p>HOS Level of Care</p> <p>A child may be assigned this level of care if the child meets ALL THREE of the criteria listed below for Physical Disability.</p> <p>The criteria are</p> <ol style="list-style-type: none"> 1.The child needs Frequent and Complex Medical Care that require the use of equipment to <i>prevent life-threatening situations</i>; and 2.The child's complex skilled medical interventions are expected to persist for a specific Duration of time; and 3.The child's overall health condition must require Continuous Assessment of an Unstable And Life-Threatening Condition

The Functional Screen and Appeals: How to Prepare

- Note and explain which items were marked when child was eligible that are not now.
 - ◆ Age cohort
 - ◆ Reduction in services
 - ◆ Reduction of behaviors
- Be prepared with how that information was gathered.
 - ◆ What questions were asked to gain information?
 - ◆ What documentation was sought and reviewed?

The Functional Screen and Appeals: How to Prepare

- Who was the information gathered from?
 - ◆ Child
 - ◆ Parent/guardians
 - ◆ Collateral contacts
 - School/teachers/therapists
 - Clinics/doctors/counselors

The Functional Screen and Appeals: How to Prepare

- Send documentation that was part of the process to the Division of Hearing and Appeals (DHA) ahead of time:
 - ◆ Summary of events
 - ◆ CLTS FS-current (NFE) and prior (eligible) screens
 - ◆ Individualized education plans (IEPs) and school and medical evaluations that were used in screen completion
 - ◆ Notices of adverse actions (NOAs)

Everything shared with DHA should also have been shared with the family.

The Functional Screen and Appeals: What Happens Next?

One of the three will happen:

- DHA will agree with the finding.
- DHA will disagree with the finding.
 - ◆ If DHA disagrees with the CWA and issues a remand, it must occur within the timelines directed by the administrative law judge (ALJ).
- DHA will ask for another screen to be conducted.

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

Next 2025 CLTS Teleconference

- Thursday, November 20, 10–11:30 a.m.