

Wisconsin Department of Health Services

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

Module 2: Informational Pages



Becky Burns
CLTS FS Coordinator

Wisconsin Department of Health Services



Module 2: Informational Pages

- 2.1 Identifying Information
- 2.2 Screen Types
- 2.3 Screen Dates
- 2.4 Screen Information
- 2.5 Child's Information
- 2.6 Living Situation
- 2.7 Legal Concerns
- 2.8 U.S. Citizenship and Identity
- 2.9 Ethnicity and Race Information
- 2.10 Interpreter Language Required
- 2.11 Contact Information

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2.1 Identifying Information

- Name Change or Name Misspelled
- Social Security Number (SSN) Entered Incorrectly
- Pseudo SSN
- SSN Status
- Duplicated Screens

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2.2 Screen Types

- Initial Screen
 - Requires Screen Begin Date
- Rescreen
 - Requires Screen Begin Date
- Edit Screen

Becky Burns K
Children's LTS Screen
Assigned To: State of Wisconsin
Screener Name: Burns, Becky
becky.burns@wisconsin.gov
Determined On: 01/08/2014
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
Work with the history screen: VIEW HISTORY
Utilities: TRANSFER ARCHIVE

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2.3 Screen Dates

- Referral Date
 - The date the screener received the initial request for service from a parent, guardian or another referral source.
- Screen Begin Date
 - The date of the screener's first face-to-face contact with the child and parent(s).
- Screen Completion Date
- Screen **Determined On** Date

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Navigation Menu
PSIA
Children Screen
Individual info
Contact info
Diagnoses
Mental Health
Behaviors
AIDS
HIV
School & Work
HHS
Screen Time
Eligibility
Reports
FS w/Eligibility Report
Family FS Report
Family FS Report w/Notes

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2.4 Screen Information

Screen Information

*Screen Begin Date: 01 / 08 / 2014 Screen Type: 01 Initial screen

*Screener's Name: Screener's Email:

*Referral Date: MM / DD / YYYY *Referral Source: Other:

Is this functional screen being completed for the purpose of determining Level of Care for a CLTS Waiver? 140
Answer: "No" if a child is enrolled in a CLTS Waiver.

- Screener's Name
- Referral Date and Source
- Is this functional screen being completed for the purpose of determining Level of Care for a CLTS Waiver?

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2.4 Screen Information

*For which of the following programs is this Functional Screen being completed? (Check all that apply at this time)

Comprehensive Community Service

Community Recovery Services

Community Options Program

Family Support Program

Children's Long Term Support Waiver

Katie Beckett Medicaid Program

Mental Health Wrap Around

- Only select programs that your agency provides.
- Only select programs the child will benefit from.
- After a child is receiving services from a program, on rescreen select only those programs in which the child is enrolled.

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2.5 Child's Information

Child's Information

*First Name: Becky Middle Name: K. *Last Name: Burns

*Gender: Female *Birth Date: 04 / 12 / 2001 MCI ID: 6201283269

*Social Security Number: 453 - 23 - 7523 Pseudo SSN SSN Status: Unverified SSN

*Address: _____

*City: _____ *State: _____ *Zip: _____

Home Phone: _____

*County/Tribe of Residence: _____ *County of Responsibility: _____

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2.6 Living Situation

2.7 Legal Concerns

Living Situation

*Current Residence of the Child:

Other:

Number of residents (# of beds) certified for:

Is the child expected to return home within 6 months of screening date?

Legal Concerns

Are the child's parents aware of the legal concerns (e.g. Guardianship, Power of Attorney, and Representative Payee) once the child turns 18 years old?

Is the child, who is 18 years of age or older, their own guardian (i.e., she does not have a legal guardian)?

- Current Residence of the Child
- Number of residents (# of beds) certified for
- Is the child expected to return home within 6 months of screening date?

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2.7 Legal Concerns

- Are the child's parents aware of the legal concerns (e.g., guardianship, power of attorney, or representative payee) after the child turns 18 years old?
- Is the child, who is 18 years of age or older, his or her own guardian (i.e., he or she does not have a legal guardian)?

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2.8 U.S. Citizenship and Identity

Citizenship & Identity Information

U.S. Citizenship

Child has documentation to establish U.S. Citizenship.
Verified by:

Child does not have U.S. Citizenship but does have the following Alien Registration Number per the verified Permanent Resident Card.
Alien Registration Number: (001-100-100)

Child claims to have U.S. Citizenship or an Alien Registration Number but required documentation was not provided.

Child is only seeking eligibility for the Family Support Program, Community Options Program, Comprehensive Community Services, and/or Mental Health Wrap Around Program.

* Identity was verified by:

- U.S. Citizenship
- Identity
- Documentation

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2.8 U.S. Citizenship and Identity, Continued

- Acceptable for citizenship and identity:
 - Passport
 - Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) or Medicare recipient card
- Acceptable for citizenship only:
 - Birth certificate
- Acceptable for identity only:
 - School photo identification card
 - Written affidavit (Form F-10154)
- Common mistakes
- Changing others' entries

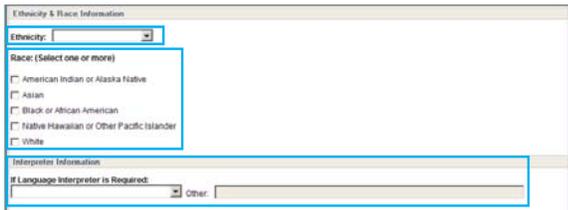
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2.9 Ethnicity and Race Information

2.10 Interpreter Language Required



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2.9 Ethnicity and Race Information

- Ethnicity:
 - Hispanic/Latino: A person of Mexican, Puerto Rican, Cuban, Central American, South American or other Spanish culture or origin, regardless of race.
- Race (select one or more):
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White

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2.10 Interpreter Language Required

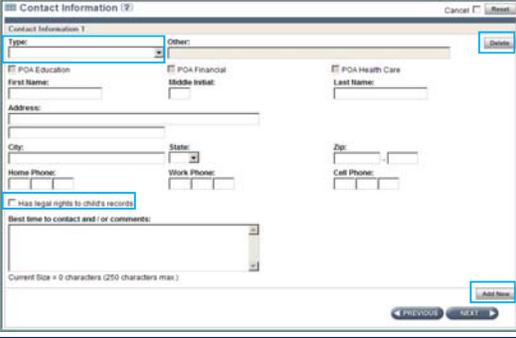
This information will help show the extent of such needs and will also help long-term care programs better serve people whose primary language is not English.

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2.11 Contact Information



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**End of Module 2:
Informational Pages**
