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

Bureau of Children's Services Division of Medicaid Services August 11, 2022



Agenda

- Initial Eligibility Determination Timelines
 - Terminology
 - Barriers
 - Tips
- Quality Screen Review
- Resources
- Next Steps

Teleconference Information

Accessing teleconference materials

- GovDelivery message
 - PowerPoint
- Vimeo
 - Recording

Initial Eligibility Determination Timeline Follow-up

CLTS FS Timeliness Variables

Each program has their own criteria for timeliness eligibility determination.

- Comprehensive Community Services (CCS): 30 days
- CLTS Program and Children's Community Options Program (CCOP): 45 days
- Katie Beckett: 45 days

For CLTS, timeliness is determined using the referral date and screen completion date on the CLTS FS.

CLTS FS Timeliness Terminology

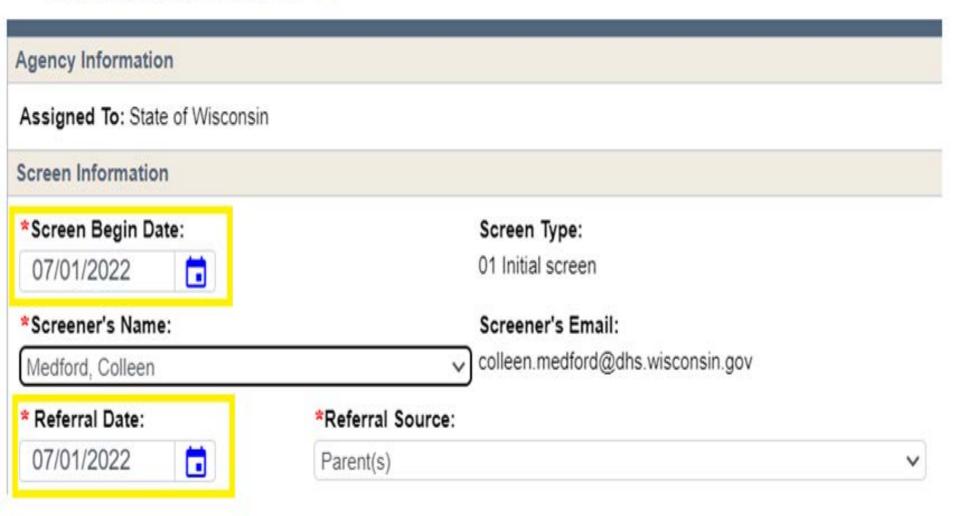
Screen Begin Date:

 Date of the screener's first face-to-face contact with the child and their parent/guardian(s) or the date that the CLTS FS is begun

Referral Date:

The date the initial inquiry or contact was made by a parent, legal guardian, or another person acting in the interest of the child or youth indicating they have a child with a disability or exceptional need, which the family is seeking assistance from the county waiver agency in meeting.





CLTS FS Timeliness Terminology Continued

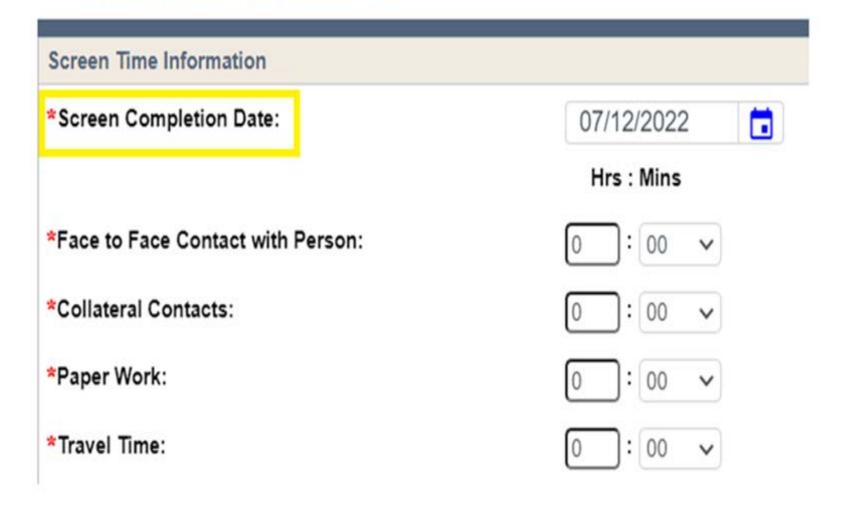
Screen completion date:

 Date when all sections of the CLTS FS were primarily completed by the certified screener. It may take more than one day to complete all sections.

Screen calculation date:

- The date the screen is calculated to determine functional eligibility.
- Do not change the Screen completion date to correspond to the calculation date!

Screen Time & Notes ?



Barriers to 45-day Eligibility Timeline

- Knowledge of measure
- Obtaining medical records-particularly during COVID-19
- CCS/CLTS interface
- Connecting for intake
- Lack of diagnosis
- Staffing—not enough or new

Timeliness Tips

Obtaining Medical Records

Are medical records needed?

- Not always for eligibility.
 - Separate eligibility from assessment

If eligibility is uncertain:

- Review/expand intake
- See if parents/guardians have records/MyChart
- Call or send encrypted emails to collateral contacts with specific request
- Send release of information (ROI) ASAP

CCS/CLTS Interface

- CCS Timeline 30 days
- Coordinate intake with CCS partners
- Different definition of referral
- Different applications of the screen

Connecting with Families

How and when to connect:

- Improved training to referral line or referral sources
 - List best times
 - Methods to contact
- Information gathering over the phone
- During the public health emergency (PHE), the screen can be completed via telehealth

COVID-19 CLTS Q&A: Face-to Face

UPDATED Are any functional screen requirements being modified during this time?



It is important that the lack of a face-to-face screening visit not delay the child's or youth's eligibility for a long-term support program and their access to critical Medicaid programs during this time.

For an **initial** CLTS FS:

- Secondary sources are acceptable for a mental health diagnosis (non-diagnosing provider, MyChart notes, after visit summaries).
- Parent report or existing documentation is acceptable for developmental or physical disability. Existing documentation is documentation the family may already have or can be easily accessed during this time.
- Parent report or existing information is sufficient for all other areas of the functional screen.

Initial eligibility must not be delayed due to the barriers that may be in place as clinics and providers are unavailable during this public health crisis. If you have questions about a specific case, contact the <u>CLTS FS</u> Inbox ⋈.

For every initial CLTS FS performed without a face-to-face meeting, the screener should include a note in the Screen Information Notes box of the online functional screen describing the method by which the information for the screen was gathered.

For an annual CLTS FS reevaluation:

Connecting with Families

- Screening protocol
 - Intake Call and After Inquiry Guidance Sheet
- Send reminders of call/visit
 - ◆ Screen Visit Scheduled (F-02874) or Screen Visit Not Scheduled (F-02876) letters.
- Intake Team

Staffing

- Staff shortages everywhere
- Review screener requirements
 - Screener requirements from waiver renewal
 - Support and service coordinator K Waiver allowance
- Other staff in-house
- Persistence—agencies have been successful in getting added staff positions

COVID-19 CLTS Q&A: Staffing

Are support and service coordination face-to-face visit requirements suspended?



We need additional support and service coordination resources. Are there any resources to help with this?



Yes, paraprofessionals who are on staff at the CWA but do not meet all of the requirements of the support and service coordination service description may deliver and be reimbursed for this service. Paraprofessional support and service coordinators (SSCs) must possess any combination of four years of post-secondary education and/or work experience working directly with children and families who have long-term support needs. Paraprofessional SSCs do not need to complete the CLTS Waiver Program Support and Service Coordinator Training: CLTS Waiver Basics and the Mandated Reporter Online Training prior to being authorized as a qualified support and service coordination provider.

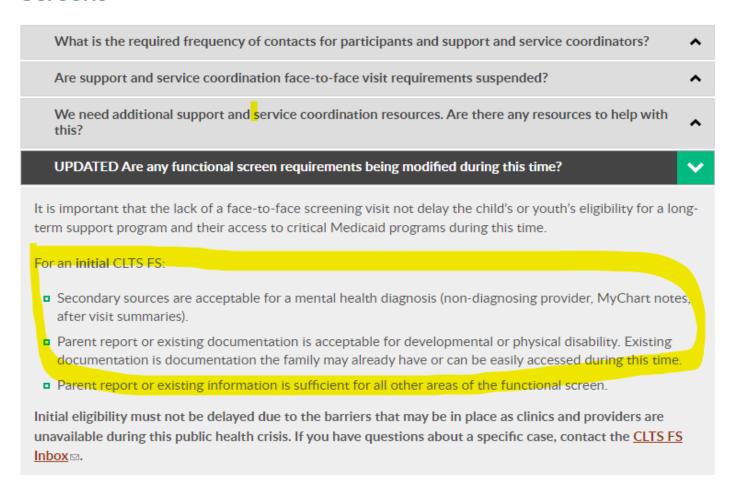
Paraprofessional SSCs may not complete CLTS Functional Screens unless they are a certified CLTS screener.

Lack of Diagnosis

- Review CLTS FS Clinical Instructions Module 3.0
 - DD or PD diagnosis do not need to be verified
 - Mental Health diagnosis allowance
- Thoroughly review records
 - Birth to 3 Program, school, medical records

COVID-19 CLTS Q & A: Mental Health Diagnoses

Support and Service Coordination and CLTS Functional Screens



Tracking Timelines

- Use calendars
- Create own report
- Report on Functional Screen Information Access (FSIA)
- Other

Quality Screen Review

Emily Brach

MENTAL HEALTH/SUBSTANCE ABUSE

Does the child need more than outpatient counseling to address their mental health or substance use disorder needs?

No

If the child has a clinical Mental Health diagnosis, has the diagnosis or symptoms related to that diagnosis, persisted for at least 6 months?

Yes

If the child has a clinical Mental Health diagnosis, is the diagnosis expected to last one year or longer?

Yes

Child's Symptoms:

No symptoms apply

Does the child currently require any of the following services:

Mental Health Services

Counseling Sessions with Psychologist or Licensed Clinical Social Worker

If child currently receives or needs any of the above services, are supports, or would supports be more than 3 hours / week combined?

No

Notes:

7/14/22: Natasha meets weekly with her therapist, Jane Doe, at the County Mental Health Center and is not currently taking any medication. Natasha's IEP is for the purpose of academics and states that her behaviors do not impede his learning or the learning of others. CM

BEHAVIORS			
Behavior	Frequency	Current Interventions	s Expected to last for 6 months or more
Aggressive or Offensive Behaviors			
Hitting, Biting, Kicking	1-3 days each week	Medical/Professional	Yes
		Treatment	
07/14/2022 Family reports Natasha is aggressive with siblings in the home. Her aggression is more than sibling rivalry and includes excessive kicking and biting. Her aggression is a focus in Natasha's individual counseling. CM			

Notes:

7/14/22 Natasha's aggression has been less frequent with counseling, family agrees Natasha would be aggressive multiple times per week without intervention. 1-3 days each week reflects frequency without intervention in place. CM

Quality Screen Tips- Mental Health and Behaviors

Topics to include in notes:

- Name of mental health provider, frequency of treatment and location.
- Notes regarding extreme and rare behaviors.
- Clarification on frequency of behaviors (Module 5.8) and expected to last.
- Confirm all behaviors were reviewed and no others are occurring.

Children's Long Term Supports

7/14/22 - 3:38PM

Functional Screen Report with eligibility of Natasha Romanoff

Age at time of screening: 5 Years and 2 Months

Screen Number: Current Screen , Version Number: Current Version

ACTIVITIES OF DAILY LIVING

Bathing

None of the above apply.

Dressing

None of the above apply.

Eating

None of the above apply.

Grooming (Brushing teeth, washing hands and face, hair care. For older age cohorts, consider more advanced grooming skills such as shaving, application of deodorant, and nail clipping.)

None of the above apply.

Mobility

None of the above apply.

Toileting

None of the above apply.

Transfers (does not include bathtub or shower)

None of the above apply.

Notes:

7/14/2022 Per parent report, Natasha is independent in self care. Each ADL was reviewed and family has no concerns in any area. CM

Quality Screen Tips- Activities of Daily Living (ADLs)

- Note exceptions:
 - Explain how this child is different from peers their age.
 - Look at previous screens (if applicable) and note changes if an item is no longer selected.
- Explain sub-category deficits.

INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Communication

None of the above apply.

Learning

Has a valid full scale IQ. (A substantial functional impairment is defined by a full scale IQ score of 75 or less.)

IQ Test: Wechsler Intelligence Scale for Children

Score: 80

Cannot group objects by category.

Is the learning functional impairment expected to last for at least one year from the date of screening?

Yes

Social Competency/Self-Direction

Does not have an awareness of another child's need for help or feelings.

Does not recognize when another child is happy, sad or hurt.

Is the social competency functional impairment expected to last for at least one year from the date of screening?

Yes

Notes:

7/14/2022 Dr. Smith, Licensed Psychologist completed a psychological evaluation for Natasha in April 2022. As part of the evaluation, Natasha's IQ is using the Wechsler Intelligence Scale for Children. Reviewed learning skills and Natasha is not fully able to group objects by category. No communication concerns noted but family did share Natasha does not have an understanding of other children's feelings. She does not seem to recognize that a classmate is sad or if someone is happy. CM

Quality Screen Tips-Instrumental Activities of Daily Living (IADLs)

- Evaluations and Testing:
 - Use notes to confirm skills in communication and learning were reviewed.
 - State who completed testing and when.
- Include notes on capacity for independent living when applicable.

Resources

Emily Brach

Resources for Leads and Screeners

- Learning Center UW-Oshkosh
- CLTS Functional Screen Clinical Instructions
- Wisconsin's Functional Screen webpage
- DHS CLTS FS Staff email
- SOS Help Desk email
 - ♦ Phone: 608-266-9198
- CCS email

Wisconsin Functional Screen Webpage

Resources for Children's Long-Term Support (CLTS) Screeners

- CLTS FS Clinical Instructions (Updated September 8, 2021)
- 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 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

CLTS FS Teleconferences



Next Steps

Outreach

- CLTS Functional Screen 2022 Quarterly Teleconferences
 - ♦ November 10, 2022
 - ♦ Second Thursday of the month 11 a.m.-12 p.m.
- Postponed: Just in Time CLTS FS Recertification Refresher