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

Bureau of Children's Services Division of Medicaid Services May 12, 2022





- CLTS Timeliness of Screen Completion
- NFE (Not Functionally Eligible) Reviews
- Behavior and Social Competency
- COVID Unwinding
- Resources/Trainings

## Teleconference Information

- Accessing teleconference materials
- GovDelivery message
  - PowerPoint
- Vimeo
  - Recording

CLTS Compliance Functional Screen Timeliness

Kelsey Vincent

## Federal Reporting

- As a part of the approved CLTS Waiver, the Bureau of Children's Services (BCS) is required to submit data on performance measures federally to the Centers for Medicare & Medicaid Services (CMS) in an annual 372 Report.
- Performance measures must meet an 86% threshold to be considered "in compliance."

## Federal Reporting, cont.

- BCS continues to monitor and review the CLTS performance measures on a quarterly basis to track ongoing compliance.
- Several performance measures look at data from the functional screen.

## Performance Measures: In Compliance

Measure	2020	2021
Initial CLTS FS was completed according to the clinical instructions resulting in an applicable level of care (LOC) determination.	100%	100%
Level of care, as determined by the CLTS Functional Screen is re-evaluated annually (on-hold due to approved Public Health Emergency)	N/A	N/A
Application LOC denials appropriately determined based on the Not Functionally Eligible screening result.	100%	100%

## Performance Measures: Not in Compliance Functional Screen Timeliness

Measure	2020	2021
Initial CLTS functional screens completed according to DHS established timelines.	82%	81%

Calculated by looking at the number of days between referral date and screen completed date. These dates are selected by the screener. So please pay attention to the date in which you are entering and make sure it is correct.

According to Chapter 2 of the CLTS manual, the county waiver agency (CWA) must complete a functional determination by using the CLTS FS within 45 days from the date of referral.

Performance Measures: Not in Compliance Functional Screen Timeliness

- CWAs range from 100% to 17% compliant.
- 41 CWAs are below the 86% compliance threshold.
- 31 CWAs are at or above 86% compliance.
- Average # of days is 35. However, the range is 0 to 136 days.

## Importance of Compliance

- Smoother enrollment process for families
- Moves families closer to receiving the services that they need
- Timely access increases families' satisfaction
- Shows screeners are following policy requirements
- Promotes consistency between CWAs

## Questions?

### Please contact the FS Inbox: <u>DHSCLTSFS@dhs.wisconsin.gov</u> or Kelsey Vincent <u>Kelsey.Vincent@dhs.wisconsin.gov</u>

NFE (Not Functionally Eligible) Reviews

### Colleen Medford

## CLTS FS NFEs

- Since CLTS FS updates in September 2021, BCS has overturned 34% of NFEs reviewed.
- Most common areas marked in error:
  - Activities of daily living (ADLs) and instrumental activities of daily living (IADLs)
  - Mental Health
  - Behaviors

## ADLs and IADLs

- Look to Clinical Instructions for additional examples and subcategories
  - Across multiple environments
  - Consider deficits and needs without supports in place
- Expected to last
- Communication
  - Receptive vs. expressive language

## Mental Health

- Needing more than outpatient counseling
- Required services
  - Criminal justice system
  - Mental health services
  - In-school supports for emotional and/or behavioral problems
- Services received versus needs
- Notes

## Behaviors

- Behavior interventions
  - Time out/supervision
  - Medical/professional
  - Emergency
- Expected to last
- Behaviors of the child, not the child in services
- Notes

## Functional Screen Lead Role-Internal Quality Review

- Ensure CLTS FS is being reviewed before and after calculation for completeness:
- Are all fields marked or explained in the notes?
- Are quality notes written according to format?
- Are you getting a complete picture of this child and their needs?
- Proper format

## Functional Screen Lead Role-Internal Quality Review, cont.

- Dates and initials appear with notes in desired format:
  - Newest notes at the top of the note section.
  - Date (MM/DD/YY) Notes Initials.

Behaviors and Self-Direction/Social Competency

Mary Schlaak Sperry

## February Teleconference Poll Results

What topics would you like discussed at future CLTS Functional Screen teleconferences?



## Module 5: Behaviors

#### 📅 Behaviors ?

\*\* Current Intervention Reference Table

#### Cancel 🗌

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Reset

Time-out/Supervision	Medical/Professional Interven	tion	Emerge	ency	
Regular time-outs     Restricted community access     Constant supervision ("in-line of sight")     Constant supervision ("in-line of sight")     Constant supervision ("in-line of sight")     Constant supervision ("within arm's reach")     Interventions taught/recommended and used by     parents/caretakers		s reach")	Urgent or emergency medical treatment     Police involvement/Youth Justice     involvement/Child Welfare     Intervention resulting in a temporary placemen     out of the home for intensive     monitoring/treatment within the last six months		
	Evidence based Interventions pare have sought out and used	nts/caretakers			
ehavior Information					
* Refer to 'Current Intervention reference table' ab	ove for more information on 'Current Interven	tion' dropdown	options.		
	ove for more information on 'Current Interven	tion' dropdown	options.		
<sup>*</sup> Child's Behavior (Select all that apply):	ove for more information on 'Current Interven Frequency (Over the past 6 months)	tion' dropdown Current Interv		Expected to last for months or more?	
<sup>®</sup> Child's Behavior (Select all that apply): Behavior	Frequency				
Child's Behavior (Select all that apply):	Frequency (Over the past 6 months)		vention		
<sup>6</sup> Child's Behavior (Select all that apply): Behavior ligh-Risk Behaviors	Frequency (Over the past 6 months)	Current Inter	vention ~	months or more?	
<sup>4</sup> Child's Behavior (Select all that apply): Behavior Iigh-Risk Behaviors Running Away	Frequency (Over the past 6 months) Never	Current Interv	vention ~	No No	
<sup>4</sup> Child's Behavior (Select all that apply): Behavior Iigh-Risk Behaviors Running Away Substance Abuse	Frequency (Over the past 6 months) Never	Current Interv None None	vention ~ ~	No No	
Substance Abuse Dangerous Sexual Contact	Frequency (Over the past 6 months) Never	<ul> <li>Current Interview</li> <li>None</li> <li>None</li> <li>None</li> </ul>	vention ~ ~	No No No	

## Behaviors

- High risk behavior
   Running away
- Self-injurious behavior
   Head banging
   Cutting or burning or strangulation
- Aggressive behavior
   Hitting, biting, kicking
   Serious threats of violence

## Behaviors, cont.

Lack of behavioral controls
 Destruction of property/vandalism
 Stealing or burglary in the community

Social Competency/Self-Direction ?

* So	cial Competency/Self-Direction (14 years to 17 years, 9 months)
	not self confident in social situations. s not comfortable enough to express his/her opinion in everyday peer interactions.
	oes not assert social autonomy from parents. Does not make decisions about interests, activities or ideas independent from his/her parents.
	epeatedly does not avoid situations that are likely to result in trouble. Bets involved in situations that have caused trouble in the past or does not avoid peer pressure in going along with a bad idea.
	es not control his/her temper in disagreements with other children. Cannot disagree with peers without escalating into a temper tantrum or running away from the situation.
	es not identify one special friend. Vill play with anyone but does not have a best friend.
	bes not participate in groups at play. Prefer to play by himself/herself rather than be part of a group.
	oes not seek information or assistance from parents or teachers. Does not ask for help (verbally or non-verbally) or seek information from a trusted adult.
	bes not have an awareness of another child's need for help or feelings. Does not recognize when another child is happy, sad or hurt.
	oes not assume different roles in play. Does not engage in make believe or pretend play (e.g., pretends to play a mom, dad, cat or dog).
	es not question rules or punishments viewed as unfair. Inable to express his/her sense of unfairness or simply doesn't care when things are unfair.
	pes not make transitions from one activity to another without disrupting others. Inable to make transitions without having his/her discomfort affect others in the group.
	bes not show concern for the feelings of friends. Does not notice another person's feelings and offer care or comfort.
	bes not express an interest in spending time with similar aged peers.

## Self-Direction/Social Competency

 Repeatedly does not avoid situations that are likely to result in trouble.

Gets involved in situations that have caused trouble in the past or does not avoid peer pressure in going along with a bad idea.

 Does not make transitions from one activity to another without disrupting others.

Unable to make transitions without having their discomfort affect others in the group.

## Self-Direction/Social Competency

 Does not show concern for the feelings of friends.

Does not notice another person's feelings and offer care or comfort.

 Does not seek information or assistance from parents or teachers.

Does not ask for help (verbally or nonverbally) or seek information from a trusted adult.

## COVID-19 Unwinding

Mary Schlaak Sperry

# COVID-19 Flexibilities and Unwinding

- Temporary policies in the <u>Operational Q&A</u> remain in effect until end dates of the federal public health emergency (PHE) are announced.
- Unwinding will begin in the month after the end of the PHE.
- DHS will share a detailed timeline for unwinding temporary flexibilities at upcoming teleconferences.

# COVID-19 Flexibilities and Unwinding, cont.

- Federal Public Health Emergency (PHE)
  - Current anticipated end date is July 15, 2022
  - 60-day notice of end date

## Screener Resources and Trainings

**Colleen Medford** 

# 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

- <u>CLTS FS Clinical Instructions</u> (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 P
- Tools and Guides for CLTS FS Screeners
  - <u>Diagnosis Cue Sheet, P-00920</u> (PDF)
  - Norm-Referenced Assessment Tools for Communication and Learning, P-00933 (PDF)
  - Paper Form, F-00367 (PDF)
- Screener Certification On-line Course P
- <u>Child Development Modules: Typical and Atypical Development</u>

#### **CLTS FS Teleconferences**

Upcoming	^	
Previous	^	

#### **Contact Information**

DHS SOS Email <u>CLTS FS Email</u> 
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## Next Steps

### **Colleen Medford**

## Outreach

 Just in Time CLTS FS Recertification Refresher Teleconference
 July 14, 2022 (90 minutes)

 CLTS Functional Screen 2022 Quarterly Teleconferences
 August 11, 2022
 November 10, 2022
 Second Thursday of the month 11 a.m.-12 p.m.