



Wisconsin Functional Screen Information System

Adult Long Term Care Functional Screen

Screen Liaison Toolkit

Issue Date: October 12, 2020

Topic: Adding Long Term Care Functional Screeners to Functional Screen Information Access (FSIA)

Purpose: This document explains the process for adding a new screener to the screening agency in FSIA. Whenever a screener joins a screening agency, they must be added to the agency listing in FSIA.

Definitions

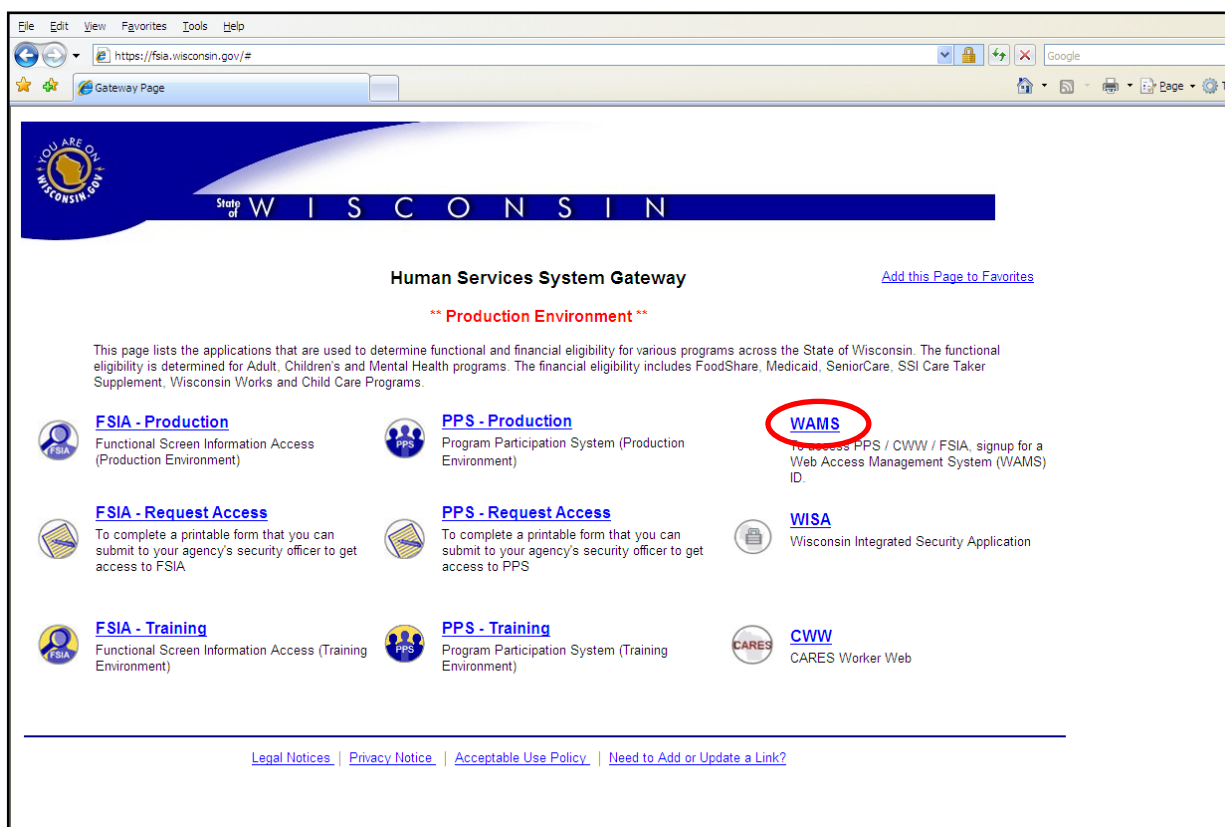
- Functional Screen Information Access (FSIA): The web-based computer application that screeners use to calculate and store functional screens.
- Authorized signer: The authorized signer for screener access requests is the person identified as the security officer on form [F-02118, Authorized Signer Designation for Access to Program Participation System \(PPS\) and Functional Screen Information Access \(FSIA\)](#) that is on file with the Department of Health Services (DHS).
- Certificate of completion: Certificate provided to a new screener upon completion of the online course for certified screeners. All new screeners must include the certificate when requesting FSIA access for the first time. The certificate ID (Cxxxxxxx) is the screener ID in FSIA.
- Profile: The level of access in FSIA granted to an individual. Each screener's access to FSIA is sponsored by a DHS-recognized screening agency.
 - Adult screener profile: This profile is for a screener who meets all eligibility criteria to be a certified screener and has completed the online course for new screeners, or successfully passes the biennial continuing skills test (CST) for ongoing screeners. With this profile, a screener may enter, edit, update, and calculate the LTCFS, run screen reports, transfer screens to another screening agency, and modify Agency Contact Information.
 - Adult screener view-only profile: This profile is used for an individual who has a business need to view screens or screen reports for the screening agency, but does not include the ability to enter, edit, update, or calculate the LTCFS. Certification is not required for this access.
- Administrative access: An individual DHS approves for "administrative access" has the adult screener profile; however, this individual is authorized **only** to transfer screens to other screening agencies, view completed screens and run reports, or perform data entry on behalf of and under the supervision of a certified screener. The screen liaison is responsible for ensuring that anyone with this access does not make or revise screen selections without the express direction of a certified screener.
- Security Officer: This is the authorized signer for the screener access request.

Adding Long Term Care Functional Screeners to FSIA

- **Web Access Management System (WAMS):** The WAMS system allows authorized individuals to access state internet applications using the same means of identification for all state web applications. For example, an individual could enter both FSIA and Emergency Medical Technician certification using the same Wisconsin user ID and password. Every screener must have a WAMS ID in order to access the FSIA system. A screener will use the same WAMS ID even if they move to a different screening agency.

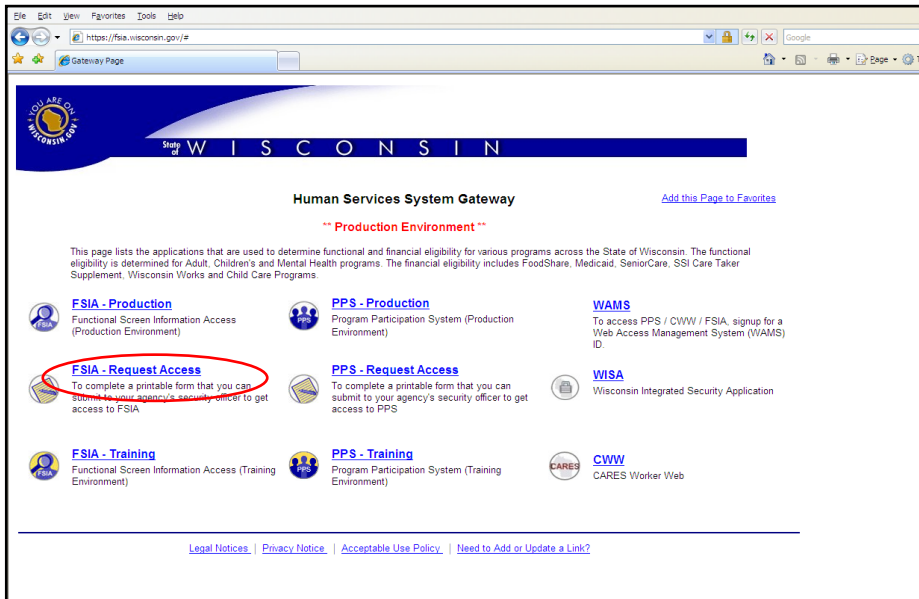
How to Add a Screener to FSIA:

- Step 1:** Open the Human Services System Gateway at <https://fsia.wisconsin.gov/>. If the screener already has a WAMS ID, proceed to Step 3. If the screener does not yet have a WAMS ID, complete Step 2.
- Step 2:** Select “WAMS.” When the next page is displayed, choose “Self-Registration (Request a Wisconsin User ID and Password),” and follow the instructions. When complete, return to the Human Services System Gateway.

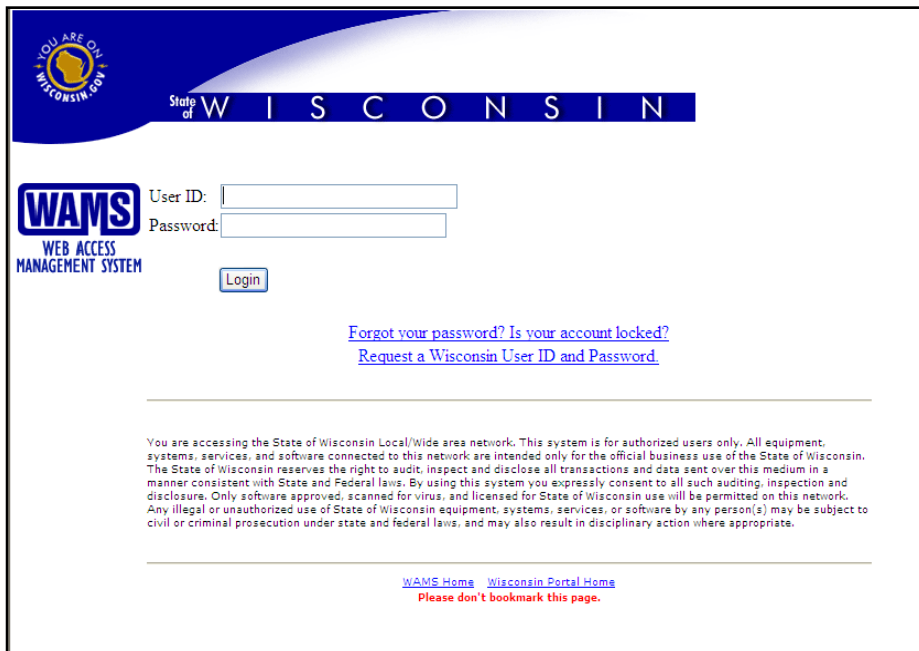


Adding Long Term Care Functional Screeners to FSIA

Step 3: Select “FSIA – Request Access”¹



Step 4: The WAMS login screen appears. The requester uses their own WAMS ID and password.



¹ These instructions reflect the typical process. If relevant, the web page will include special instructions for requesting access without using printed forms when submission of printed forms is not possible.

Step 5: The Functional Screen Web Access Request form is displayed. Choose “Activate User’s WAMS ID for access to Functional Screen Web.” Complete fields 1–10 following the instructions on the page. When complete, select “SUBMIT” to display a printable version of the completed form.

Functional Screen Information Access
PRODUCTION

Functional Screen Web Access Request

[\(Please read the information below for instructions.\)](#)

User ID Access Information

1. Please check one of the following:
 Activate User's WAMS ID for access to Functional Screen Web
 Delete User's WAMS ID for access to Functional Screen Web
 Change (Profile, User Name)
Effective Date: 07/17/2019

User Information

2. User's WAMS ID: [text box]
3. First Name: [text box] Mi: [text box]
Last Name: [text box]
4. Mother's Maiden Name: [text box]
5. User's Daytime Phone: ([text box]) [text box] - [text box] Ext: [text box]
6. Are you a certified screener? [dropdown menu]

Agency Information

7. Agency Name: [text box]
Click here to verify the Screen Privileges: [Agency Details](#)
Select County to filter Assigned to Agency dropdown (optional):
All [dropdown menu]
Select Agency: [dropdown menu]

8. Agency Supervisor Name: [text box]
9. Supervisor's Phone Number: ([text box]) [text box] - [text box] Ext: [text box]


10. Profiles:
(*Please check with your supervisor on selection of profiles.)

- Adult LTC Functional Screen
- Adult LTC Functional Screen - View Only
- Children's LTS Functional Screen
- Children's LTS Functional Screen - View Only
- Mental Health/AODA Functional Screen
- Mental Health/AODA Functional Screen - View Only
- Personal Care Screen
- Personal Care - View Only
- State - Personal Care View
- TMG
- ICA profile
- State Employee
- Agency Administration (State Employees Only)
- Delete (State Employees Only)

SUBMIT **CLEAR**

Important note: Item 8 (Agency Supervisor Name) is no longer intended to capture the screener’s supervisor. This form is currently out of date and under revision. For Item 8, please enter the appropriate security officer (or backup) as listed on the agency’s form [F-02118](#), Authorized Signer Designation for Access to PPS and FSIA.

Step 6: After the form is displayed, use the link in the upper right-hand corner to print the page, secure the required signatures, and submit the form. To submit the form, fax it to the state security officer at 608-267-2437 or scan the form and email to DHSSOSHelp@dhs.wisconsin.gov along with the new screener’s certificate of completion from the online screener training course.

STATE OF WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES		
Please print this form and return to the State Security Officer, fax number is 608-267-2437. A certificate of completion from the online screener training course must be attached for a new certified screener.		
FUNCTIONAL SCREEN WEB ACCESS REQUEST		
1. Please check one of the following :		
<input checked="" type="checkbox"/> Activate WAMS ID for access to Functional Screen Web <input type="checkbox"/> Delete WAMS ID for access to Functional Screen Web <input type="checkbox"/> Change (Profile, User Name)		
Effective Date: 06/19/2018		
Please fill in the following information (All items MUST be completed):		
User Information		
2. User's WAMS ID MMouse	3. User Name (Last, First, MI) Mouse,Mickey	
4. Mother's Maiden Name Disney	5. User's Phone Number (608)3333333	
6. Certified Screener Yes		
Agency Information		
7. Agency Name (Please do not abbreviate.) ADRC of Dane County		
8. Agency Supervisor Name Minnie Mouse	9. Supervisor's Phone Number (608)3333334	
10. Profiles Adult LTC Functional Screen		
Use of this logon and password provides access to confidential information, which must be safeguarded in accordance with Wisconsin Statutes. The User's signature on this form constitutes acceptance of responsibility for compliance with §49.32(10), §49.32(10m), §49.81, §49.83, §943.70(2) and with DHS policy (attached to new logon approvals).		
11. User Signature :		Date Signed:
12. Supervisor Signature:		Date Signed:
13. State Security Officer Signature :		Date Signed:
Go Back to Form page		

NOTE: Item 12 on this form is the signature of the person listed in Item 8. Leave item 13 blank.

The screen liaison can view the “Screener Summary Report” in FSIA from the list of Adult Long Term Care Reports specifying the agency name and screener profile to maintain correct access for screeners.

DHS Contacts: If you have questions or comments about this document, please contact the LTCFS Screen Team at DHSLTCFSTeam@dhs.wisconsin.gov.