



## Wisconsin Functional Screen Information System

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Adult Long Term Care Functional Screen

Screen Liaison Toolkit

Issue Date: May 26, 2023

**Topic: Ending Access for the Long Term Care Functional Screen (LTCFS) in Functional Screen Information Access (FSIA)**

**Purpose:** This document explains the process for ending access to FSIA for a screener or staff member at a screening agency.

**Definitions:** Definitions are located in the [Screen Liaison Toolkit Definitions](#) document.

### Ending Access is Required

Ending access is required whenever a screener or staff member leaves a screening agency or changes to a new position within an agency that does not require FSIA access. This is critical to ensure the integrity of the confidential data that is maintained in FSIA.

The change must be requested:

- Within one business day if screener or staff member's employment is terminated.
- Within three business days of any other change in status.

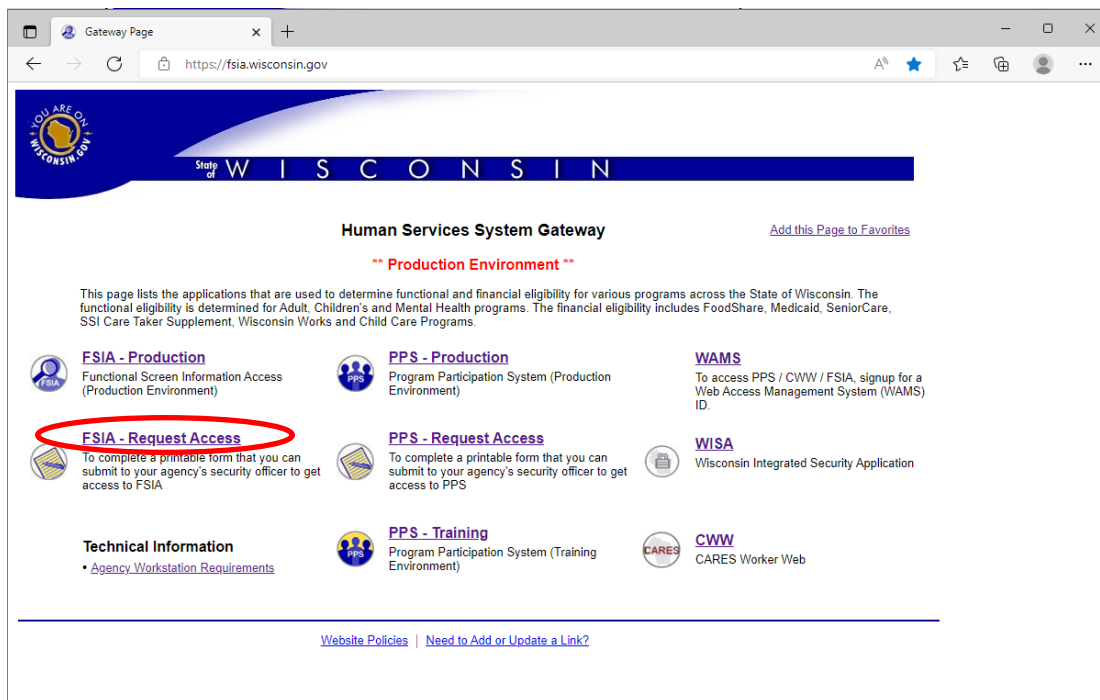
### Changing Access Type

For staff who do not need their access ended but need to have their access type changed, the Authorized Submitter should contact the DHS SOS Help Desk at [DHSSOSHelp@dhs.wisconsin.gov](mailto:DHSSOSHelp@dhs.wisconsin.gov).

## How to End Access to FSIA

**Step 1:** Open the Human Services System Gateway at <https://fsia.wisconsin.gov/>.

**Step 2:** Select “FSIA – Request Access.”



**Step 3:** The Web Access Management (WAMS) login screen appears. The requester uses their own WAMS ID and password.

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WISCONSIN.GOV



User ID:

Password:

[Forgot your password? Is your account locked?](#)  
[Request a Wisconsin User ID and Password.](#)

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You are about to access a State of Wisconsin computer system. This is a restricted computer system for authorized users only. All equipment, systems, services, and software connected to this system are intended only for official business use of the State of Wisconsin, and may contain U.S. Government information. All data contained on this system is owned by the State of Wisconsin. The State of Wisconsin reserves the right to audit, monitor, record and/or disclose all transactions and data sent over this system in a manner consistent with State and federal law. Use of this system by any user, authorized or unauthorized, constitutes consent to monitoring, recording, reading, copying, or capturing and disclosure of data and transactions by authorized personnel. Only software and/or hardware approved, scanned, and licensed for State of Wisconsin use is permitted on this system. Any illegal, unauthorized use or modification of the State of Wisconsin data, equipment, systems, services, or software by any person(s) is prohibited and may be subject to civil or criminal prosecution under state and/or federal laws.

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[WAMS Home](#) [Wisconsin Portal Home](#)  
**Please don't bookmark this page.**

**Step 4:** The Functional Screen Web Access Request form is displayed. Choose “End FSIA Access.” Complete as much of the form as possible following the instructions provided on the page. At a minimum, the user’s first name, last name, and agency name should be entered. Select “Submit” to generate the completed form in a new window.

# Ending Access for the LTCFS in FSIA

## Functional Screen Web Access Request

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

**User ID Access Information**

1. Please check one of the following:  
 Add FSIA Access  
 End FSIA Access  
For changes, please contact the SOS Help Desk at [dhsosohelp@dhs.wisconsin.gov](mailto:dhsosohelp@dhs.wisconsin.gov) or (608) 266-9198

Effective Date: 12/27/2022

**User Information**

2. User's WAMS ID:

3. User's First Name:  MI:

User's Last Name:

4. User's Email:

5. User's Daytime Phone:  -  Ext:

6. Are you a certified Mental Health/SUD, Adult Long Term Care, or Children's Long Term Support Screener?

7. Please select if you are requesting PCST Access

**Agency Information**

8. Agency Name: Select Agency:

9. Authorized Submitter's Name:

10. Authorized Submitter's Phone Number:  -  Ext:

11. Authorized Submitter's Email:

12. Profiles:

ADULT SCREENER PROFILE  
 ADULT SCREENER VIEW ONLY PROFILE  
 ADULT SCREEN ARCHIVE PROFILE  
 ADULT SCREEN TRANSFER PROFILE  
 CHILDREN SCREENER PROFILE  
 CHILDREN SCREENER VIEW ONLY PROFILE  
 CHILDREN SCREEN ARCHIVE PROFILE  
 CHILDREN SCREEN TRANSFER PROFILE  
 MENTAL HEALTH SCREENER PROFILE  
 MENTAL HEALTH SCREENER VIEW ONLY PROFILE  
 MENTAL HEALTH SCREEN ARCHIVE PROFILE  
 MENTAL HEALTH SCREEN TRANSFER PROFILE  
 PERSONAL CARE SCREENER PROFILE  
 PERSONAL CARE SCREENER VIEW ONLY PROFILE  
 PERSONAL CARE SCREEN ARCHIVE PROFILE  
 PERSONAL CARE SCREEN TRANSFER PROFILE  
 TMS PROFILE  
 ICA PROFILE

**State User Access Only / MISC\*:**

ADULT QUALITY ASSURANCE PROFILE\*  
 CHILDREN QUALITY ASSURANCE PROFILE\*  
 PERSONAL CARE STATEWIDE VIEW ONLY PROFILE\*  
 STATE EMPLOYEE PROFILE\*  
 STATE EMPLOYEE ADMIN PROFILE\*  
 AGENCY ADMIN PROFILE\*  
 DELETE APPLICANT PROFILE\*  
 ADMINISTRATIVE TG PROFILE\*  
 MCI DISCONNECT PROFILE\*  
 APPLICANTS SCREEN MERGE PROFILE\*

\* Do not request these profiles unless you have approval from the SOS Help Desk or relevant Program Area. State Employee Profile and State Employee Admin Profile should only be requested by Wisconsin Department of Health Services employees and contractors.

### Step 5: After the form is generated:

- Save the form as a PDF.
- Email it to the [Authorized Submitter](#).
- The Authorized Submitter must review the form to make sure that it is correct and as complete as possible.
- The Authorized Submitter must submit the form via email to [DHSSOHelp@dhs.wisconsin.gov](mailto:DHSSOHelp@dhs.wisconsin.gov).

# Ending Access for the LTCFS in FSIA

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STATE OF WISCONSIN  
Department Of Health Services



Please save this form as a PDF file using your web browser's print dialog. The Authorized Submitter for your agency must then submit the form and any required certificates to [DHSSOSHelp@dhs.wisconsin.gov](mailto:DHSSOSHelp@dhs.wisconsin.gov). Forms not submitted by the Authorized submitter will be denied.

Use of the FSIA application provides access to confidential information, which must be safeguarded in accordance with Wisconsin Statutes. Using this form to request access constitutes acceptance of responsibility by both User and Authorized Signer for compliance with §49.32(10), §49.32(10m), §49.81, §49.83, §943.70(2) and with DHS policy.

## FUNCTIONAL SCREEN WEB ACCESS REQUEST

1. Please check one of the following :

- Add FSIA Access  
 End FSIA Access

Effective Date: 12/27/2022

Please fill in the following information (All items MUST be completed):

### User Information

2. User's WAMS ID

SuzieS22

3. User's Name (Last, First, MI)

Screener,Suzie

4. User's Email

suzie.screener@agency123.org

5. User's Phone Number

(123)4566789

6. Are you a certified Mental Health/SUD, Adult Long Term Care, or Children's Long Term Support Screener?

Yes

7. PCST Screener Status (PCST Screener's Only)

### Agency Information

8. Agency Name (Please do not abbreviate.)

Agency 123

9. Authorized Submitter's Name

Samantha Submitter

10. Authorized Submitter's Phone Number

(123)4567788

11. Authorized Submitter's Email

samantha.submitter@agency123.org

12. Profiles

ADULT SCREENER PROFILE

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