

## Wisconsin Functional Screen Information System

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### Adult Long Term Care Functional Screen

### Screen Liaison Toolkit

Issue Date: October 12, 2020

### Topic: **Deleting Long Term Care Functional Screeners from Functional Screen Information Access (FSIA)**

**Purpose:** This document explains the process for deleting a screener's access in FSIA.

#### Definitions

- 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).
- Functional Screen Information Access (FSIA): The web-based computer application that screeners use to calculate and store functional screens.
- 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.

#### Removal of Access is Required

Whenever a screener leaves a screening agency or changes to a new position within an agency that does not require Long Term Care Functional Screen (LTCFS) access, that person's access must be discontinued.

## Deleting Long Term Care Functional Screeners from FSIA

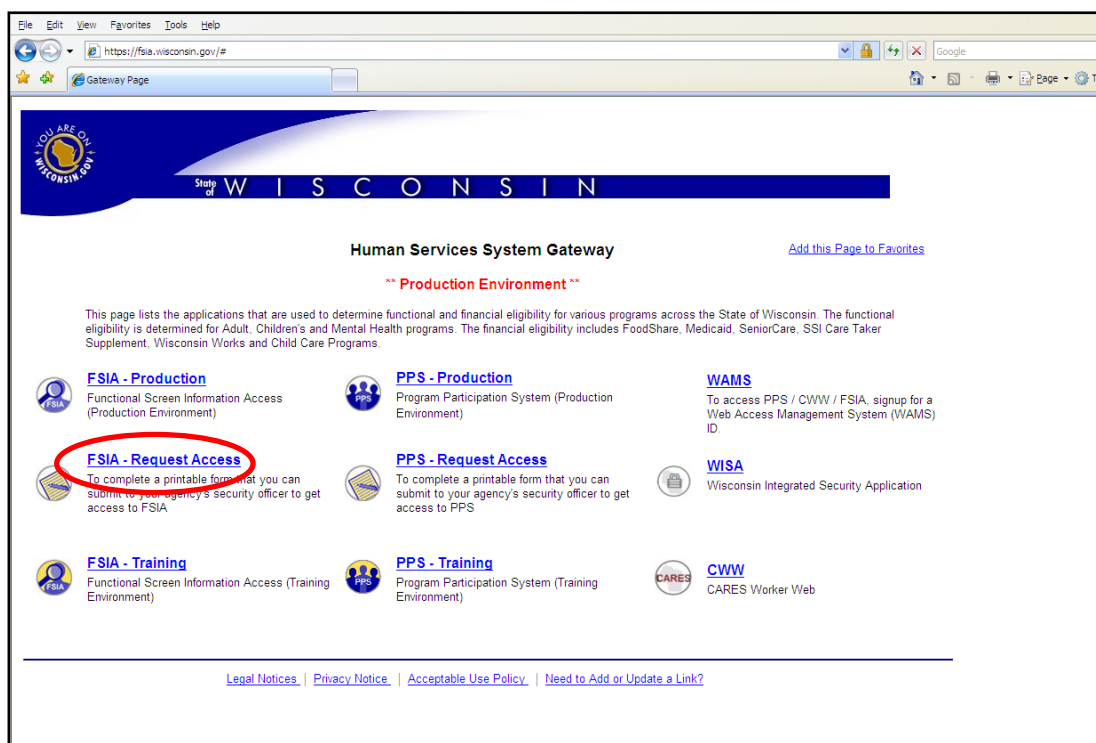
The change must be requested within three business days of any change in status, except when the screener's employment is terminated; in that case, the screen liaison must ensure that the request is made within one business day of the termination date. This is critical to ensure the integrity of the confidential data that is maintained in FSIA.

If a screener will be performing screens in a different screening agency, that screener will have their profile reactivated by their new employer. The request may be made by the screen liaison or by the screener, and should always be signed by the security officer.

### How to Delete a Screener's Access in FSIA

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

**Step 2:** Select "FSIA – Request Access" <sup>1</sup>



<sup>1</sup> 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 3:** The WAMS login screen appears. The requester enters their own WAMS ID and password.

**YOU ARE ON A WISCONSIN GOV**

State of **W I S C O N S I N**

**WAMS**  
WEB ACCESS  
MANAGEMENT SYSTEM

User ID:

Password:

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

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You are accessing the State of Wisconsin Local/Wide area network. This system is for authorized users only. All equipment, systems, services, and software connected to this network are intended only for the official business use of the State of Wisconsin. The State of Wisconsin reserves the right to audit, inspect and disclose all transactions and data sent over this medium in a manner consistent with State and Federal laws. By using this system you expressly consent to all such auditing, inspection and disclosure. Only software approved, scanned for virus, and licensed for State of Wisconsin use will be permitted on this network. Any illegal or unauthorized use of State of Wisconsin equipment, systems, services, or software by any person(s) may be subject to civil or criminal prosecution under state and federal laws, and may also result in disciplinary action where appropriate.

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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 “Delete 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. **Note:** If unable to obtain all the information requested on the form, complete as much of the form as possible.

**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:

3. First Name:  MI:

4. Last Name:

4. Mother's Maiden Name:

5. User's Daytime Phone: (  )  -  Ext:

6. Are you a certified screener?

**Agency Information**

7. Agency Name:

Click here to verify the Screen Privileges: [Agency Details](#)

Select County to filter Assigned to Agency dropdown (optional):  
All

Select Agency:

8. Agency Supervisor Name:

9. Supervisor's Phone Number: (  )  -  Ext:

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.

## Deleting Long Term Care Functional Screeners from FSIA

**Step 5:** 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. The screener's signature is not necessary if the screener is no longer employed by the screening agency. 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](mailto:DHSSOSHelp@dhs.wisconsin.gov).

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.		
<b>FUNCTIONAL SCREEN WEB ACCESS REQUEST</b>		
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:
<a href="#">Go Back to Form page</a>		

**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](mailto:DHSLTCFSTeam@dhs.wisconsin.gov).