

INFORMED CONSENT - CHILDREN'S LONG TERM SUPPORT FUNCTIONAL SCREEN

Name – Child (Last, First, Middle Initial)

The Children's Long-Term Support Functional Screen (**CLTS FS**) will be used to determine your child's **functional eligibility** for the program for which you are applying. The CLTS FS only determines functional eligibility or a level of care. It does not determine **program eligibility**. Some programs such as the Katie Beckett Program and the Children's Long-Term Support (CLTS) Waiver have additional eligibility criteria, including financial eligibility, which must be met before a child is found eligible for that program. All information collected in order to complete the functional screen is kept confidential. Only staff completing the CLTS FS, monitoring CLTS FS quality, processing appeals, or investigating allegations of fraud or abuse has access to the information.

The CLTS FS determines functional eligibility for multiple programs. These programs are: Comprehensive Community Service, Children's Community Options Program (COP), Children's Long-Term Support Program, , Katie Beckett Medicaid Program, and Mental Health Wrap Around Services.

When the CLTS FS functional eligibility results indicate that a child is no longer functionally eligible for a program the child currently receive services from, it is the screener's responsibility to inform that program of their screen results. For example, if a certified screener is completing a CLTS FS for the Children's Long-Term Support Program and the results indicate that the child is no longer functionally eligible for the Katie Beckett Program, the Children's Long-Term Support Program staff person must immediately inform the Katie Beckett Program of this change in functional eligibility. The Katie Beckett Program will then discontinue the child from the Katie Beckett Program. The most current CLTS FS results are deemed the most accurate and must be used in determining program eligibility. These functional eligibility results are binding for all programs where the CLTS FS determines functional eligibility.

Authorization for the CLTS FS to be used to determine functional eligibility is voluntary. Refusal to sign will not affect treatment, payment, enrollment or benefit eligibility except for:

- No exceptions Exceptions (specified below):

This consent is valid for 12 months after signing. As evidenced by my signature, I hereby authorize the use of the Children's Long Term Support Functional Screen. I understand that the information provided in this document will be used in determining a person's rights to Medicaid benefits. By signing this document, I am affirming that all information in this document is true and correct. I understand that if any of the information provided in this document is false, I am subject to criminal penalties, including imprisonment for up to 6 years, a fine of up to \$25,000, or both. Wis.Stat. § 49.49(1).

SIGNATURE – Individual who is the Subject of CLTS FS
(if age 14 years or older and able to sign)

Date Signed

SIGNATURE – Other Person Legally Authorized to
Consent for User of CLTS FS

Relationship to Subject

Date Signed