

 WRAPAROUND MILWAUKEE Policy & Procedure	Date Issued: 9/1/98	Reviewed: 11/15/10 By: MG Last Revision: 12/1/10	Section: ADMINISTRATION	Policy No: 008	Pages: 1 of 5 (9 Attachments)
	☒ Wraparound ☒ Wraparound-REACH ☐ FISS ☒ Project O-Yeah	Effective Date: 1/1/11	Subject: COMPLAINT / GRIEVANCE PROCESS		

I. POLICY

It is the policy of Wraparound Milwaukee/REACH that any party or enrollee or his/her [authorized representative \(Provider or Estate Representative who has documented consent by the enrollee\)](#) who is dissatisfied with a policy, procedure, benefit, care or service has a right to seek resolution through the Wraparound Milwaukee complaint/grievance process. The policy follows guidelines established by the Department of Health Services/HFS 94 – Patient Rights & Resolution of Patient Grievances (*see Attachment 1*).

The purpose of this Wraparound Milwaukee Complaint/Grievance Policy and Procedure is to provide a timely means to resolve complaints and grievances, to educate enrollees or representatives about appropriate use of the Wraparound Milwaukee/REACH/O-YEAH program and to use enrollee / provider suggestions to improve Wraparound Milwaukee/REACH/O-YEAH.

Note: *An enrollee, family, advocate or staff person assisting an enrollee/family will not face any negative reproach if they initiate an informal or formal complaint/grievance.*

II. PROCEDURE

Enrollees are provided with a Family Handbook and the Client Rights and Complaint/Grievance Procedure Handout that outlines Wraparound Milwaukee's/REACH's/O-YEAH's complaint/grievance process.

For the purpose of definition, the following applies:

Complaint: Any party's dissatisfaction with any aspect of service provision, lack of service provision, policy and procedure or benefit that is expressed verbally or in writing.

Grievance: Any [enrollee's](#) or enrollee's representative's written [or verbal](#) dissatisfaction with the outcome of a complaint. The Grievance process is a formal procedure with specific date, time and procedural requirements.

A. Procedure Regarding Informal/Formal Complaints.

Informal

1. All parties are encouraged to initially attempt to resolve conflicts or concerns in an "informal" manner. This means initiating a discussion with the individual(s) with whom the conflict or concern has arisen. A Child & Family Team meeting should be held if necessary and appropriate. Efforts should be taken to come to a resolution prior to the complaint/formal grievance process being initiated. [Enrollees are also able to get issues resolved with Wraparound Milwaukee Administrative assistance, without going through the formal, written complaint process.](#)

Note: *The complainant has the right to file a complaint at any time if he/she believes resolution cannot be achieved through the "informal" process.*

Formal

1. If resolution cannot be achieved at the informal level, then the complainants may call the Wraparound Milwaukee Quality Assurance Department at (414) 257-6024 to make an inquiry or file a complaint, or they may complete the COMPLAINT/SUGGESTION FORM (*see Attachment 2 & Attachment 2A for Spanish version*) and submit it to the Wraparound Milwaukee Quality Assurance Department. Complaints should be filed within 45 days of the time one becomes aware of the concern. Extensions of this suggested time frame may be granted.

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2. Upon receiving the complaint, the Wraparound Milwaukee Quality Assurance Director or her designee will review the information, speak with all/any necessary parties and complete the investigation, or forward the complaint to another identified investigator for follow up.
3. All attempts will be made to initially respond to the complainant within 10 **business** days with a final response or report determining substantiation or unsubstantiation to be completed within 30 days from the date the complaint was received. If the complaint is identified as “critical” in nature, then all efforts will be made to initially respond and resolve the issues within 2 working days or sooner, if possible.
4. When the Complaint outcome results in a decision adverse to an **enrollee** (youth or family), the enrollee **and/or his authorized representative** will be advised of their right to submit a **verbal or** written Grievance to the Wraparound Milwaukee Quality Assurance Department. A written Grievance may be submitted in **any** form. However, it is suggested that the Wraparound Milwaukee GRIEVANCE INITIATION form be used and information relevant to the situation be submitted along with the Grievance (*see Attachment 3 - Form A*).

B. Procedure for Formal Written/Verbal** Grievances.**

1. When a written/**verbal** grievance is received at Wraparound Milwaukee, the letter/**contact** will be date-stamped then logged onto the GRIEVANCE RECORD. (*See Attachment 4 - Form A-1.*) A written GRIEVANCE ACKNOWLEDGEMENT will be provided to the person submitting the grievance within five (5) **business** days of its receipt (*see Attachment 5 - Form B-1*).
2. All grievances will be investigated by the Wraparound Milwaukee Program Director (Program Level Review) or his or her designee. **The decision makers responsible for reviewing a member’s grievance or appeal must not have participated in prior decision making.**
3. Issues requiring clinical judgment and perceived quality of care grievances may be investigated by a Clinical Coordinator or Care Coordination Supervisor from a contract agency not directly involved in the complaint.
4. As necessary, additional medical or other pertinent information will be sought by Wraparound Milwaukee staff.
5. When the investigation is completed and information gathered, a Grievance Hearing will be held to review the grievance. The Grievance Hearing is to be scheduled within 10 days of receipt of the grievance. The Grievance Hearing will include the Program Director or his or her designee, the Care Coordinator and his or her Supervisor (as applicable), and the enrollee/parent(s)/legal guardian/caregiver who may invite an advocate or other representative(s). In addition, the Grievant may present evidence both orally and in writing related to their Appeal and may have access to any records related to the issue being appealed (within the restrictions of the laws of Wisconsin). The Wraparound Milwaukee Program Director can invite others (*specialty providers, legal counsel, etc.*), as appropriate.
6. A Grievance Hearing will be scheduled and the enrollee/parent(s)/legal guardian/caregiver will be notified **verbally and** in writing by a GRIEVANCE HEARING NOTIFICATION (*see Attachment 6 - Form B-2*) at least 7 calendar days in advance of the Hearing and will be informed of the date, time and location of the Hearing. The enrollee/parent(s)/legal guardian/caregiver or the enrollee’s representative may attend the Grievance Hearing and present oral and/or written information in support of the grievance.
7. Within 30 calendar days of receipt of the initial grievance, the Grievant will be notified of the decision or action, by a GRIEVANCE HEARING DECISION letter (*see Attachment 7 - Form B-3*), except as noted in section D below. A copy of the letter will also be sent to the Care Coordinator (as applicable). **This letter must include the resolution and date of the appeal resolution.**
8. The decision will be logged onto the Grievance Record.

C. Extensions to Resolve Grievances.

Normally, Wraparound Milwaukee will resolve a grievance within 30 calendar days of receipt of the written grievance. The time period may be extended an additional 14 calendar days if the Investigator requires more

time to complete the investigation. If additional time is required, the Grievant will be notified in writing by a GRIEVANCE REVIEW – 14 DAY EXTENSION (see Attachment 8 - Form B-4) that the grievance has not been resolved, when the resolution is expected and why the additional time is needed.

D. Urgent Care/Expedited Grievances.

1. Urgent Care/Expedited Grievances are defined as situations where the denial of services or referral for service could result in illness or injury or where delay in care or treatment would jeopardize the enrollee's health or may result in disability. [The process for requesting a verbal or written expedited grievance requires a medical provider to verify that a delay can be a health risk.](#)
2. When this grievance is received, the letter will be date-stamped and logged onto the Grievance Record.
3. If necessary, immediate additional information to resolve the matter will be sought.
4. Within 2 [business](#) days of the [written or verbal expedited](#) Grievance, the Wraparound Milwaukee Program Director will meet with Wraparound Milwaukee relevant staff to review the available information and render a decision. No extensions will be possible. The Grievant will be notified of the Grievance Hearing as soon as possible and may attend to present oral or written information.
Note: The enrollee has the right to present evidence and allegations of fact or law in person, as well as in writing, and may examine the member case file or any other documents and records (within the constraints of the law), but will be orally informed that this right may delay the resolution of the expedited process.
5. This decision will be immediately communicated, first verbally, then in writing, to the Grievant.
6. If a request for an Urgent Care/Expedited resolution is denied by Wraparound Milwaukee, then the following will occur:
 - a. The request will be transferred to the standard time frame of no longer than 30 days from the date of receipt, with a possible 14 day extension.
 - b. Reasonable efforts must be made to orally inform the Grievant immediately of the denial and a written denial notice must occur within 2 calendar days.

E. Reduction or Denial of a Covered Service Grievances.

If the formal written [or verbal](#) grievance is regarding a reduction or denial of a covered service, and the recipient files it with either Wraparound Milwaukee, the County or the Department/State within 45 days of the decision to reduce or deny benefits, the following provisions apply:

1. If the recipient was not receiving the service prior to the reduction or denial, Wraparound Milwaukee does not have to provide the benefit while the decision is being appealed. If Wraparound Milwaukee's denial, limitation, reduction, termination or suspension of services is overturned or reversed by the County Department of Hearings & Appeals (DHA), Wraparound Milwaukee must authorize or provide the disputed services promptly and as expeditiously as the enrollees' mental health condition requires.
2. If Wraparound Milwaukee authorized and paid for this service prior to the decision, Wraparound Milwaukee must continue to provide the same level of service while the decision is in appeal. However, Wraparound Milwaukee may require the recipient to receive the service from within the Provider Network, if medically necessary and appropriate care can be provided within the network.

Recipients must grieve to Wraparound Milwaukee, the County or the Department within 45 days of a reduction or denial of a service.

F. Procedure for County, State of Wisconsin Department of Health Services and State of Wisconsin Department of Hearings & Appeals State Fair Hearing Grievance Review.

If the decision achieved through the Program Level formal Grievance process is adverse to the Grievant, then he/she may appeal the decision, in writing, to the County (Behavioral Health Division Administrator), and/or may proceed to any other State Level of Grievance or Appeal that he or she desires. The County Appeal should be made within 14 days of the date that the program decision was received. County Level Appeals should be addressed to:

Milwaukee County Behavioral Health Division
9455 Watertown Plank Road
Milwaukee, WI 53226
Attn: BHD Administrator

If the County decision is adverse to the grievant, or if the grievant wishes to proceed directly to the State level, he or she may Appeal directly to the State of Wisconsin Department of Health Services (DHS).

For assistance with filing a [Grievance](#)/Appeal to DHS, the enrollee can call the State of Wisconsin Medicaid Ombuds at 1-800-760-0001.

The enrollee may also bypass all previous routes outlined and file a Grievance or Appeal directly with the State of Wisconsin Department of Hearings & Appeals (State Fair Hearing) by writing to:

State of Wisconsin
Department of Administration
Division of Hearings & Appeals
P.O. Box 7875
Madison, WI 53707-7875

G. Interpreter Services.

If needed, Interpreter services (for non-English speaking and hearing impaired persons) will be made available through Wraparound Milwaukee during the Complaint and Grievance process.

III. COMPLAINT/GRIEVANCE REVIEW GUIDELINES.

- A.** Any individual assigned to conduct a Complaint/Grievance investigation shall not have had any involvement in the conditions or activities forming the basis of the enrollee's or family's Complaint/Grievance, or have any other substantial interest in those matters arising from his or her relationship to the program or client, other than employment.
- B.** Members of any Grievance Review/Appeal Committee may not have been involved in any prior decision-making capacity regarding the basis of the Grievance.

IV. CONFIDENTIAL FILES.

A confidential file of each grievance, additional information, records of proceedings and decisions will be maintained for 5 years from the date of the last decision that was reached.

V. RECORD CLASSIFICATION/REPORTING.

- A.** Each grievance that is received will be logged onto the GRIEVANCE LOG (*see Attachment 9*), which will be maintained by the Program Director or his or her designee.
- B.** A report on current or past grievance history will be prepared on 15 days notice.

VI. COMPLAINTS AND GRIEVANCES MADE TO PROVIDERS AND ADMINISTRATIVE SERVICES.

- A.** Any complaint that is made or grievance that is sent to a Wraparound Milwaukee Provider or Administrative Service will be forwarded immediately to the Wraparound Milwaukee Quality Assurance Director. This provision will be included in any contract or agreement entered into with Wraparound Milwaukee.
- B.** When a Complaint or Grievance is forwarded by a Provider or Administrative Service to Wraparound Milwaukee, the complaint/grievance processes described in II. A. 2. through F. will be followed.

VII. SUMMARY OF TIME FRAMES FOR COMPLAINTS AND GRIEVANCES.

- A. Complaint or Grievance Filed.
- B. Notification of Receipt of Complaint or Grievance will be sent to Complainant/Grievant within 10 or 5 days, respectively, of Wraparound Milwaukee's receipt of Complaint or Grievance.
- C. If Complaint, the final decision will be made and sent to Complainant within 30 days of Wraparound Milwaukee's receipt of Complaint.
- D. If Grievance, a Grievance Hearing will be scheduled within 10 days of receipt of the Grievance.
- E. Grievant (*other than Urgent Care/Expedited*) must get 7 days advance notice of the scheduling of the Grievance Hearing.
- F. If Urgent Care/Expedited Grievance, a Grievance Hearing will be held and a decision made within 2 days of Wraparound Milwaukee's receipt of Grievance.
- G. Grievant is notified of the decision within 30 days of the receipt of the Grievance unless Wraparound Milwaukee notifies the Grievant of the need for a 14 day extension.
- H. All Grievances will be resolved within 45 days of Wraparound Milwaukee's receipt of the Grievance.

VIII. FORMS

- HFS 94 PATIENT RIGHTS & RESOLUTION OF PATIENT GRIEVANCES (*see Attachment 1*)
- COMPLAINT / SUGGESTION FORM (*see Attachment 2*)
- COMPLAINT / SUGGESTION FORM – Spanish Version (*see Attachment 2A*)
- GRIEVANCE INITIATION (*see Attachment 3*) FORM A
- GRIEVANCE RECORD (*see Attachment 4*) FORM A-1
- GRIEVANCE ACKNOWLEDGEMENT (*see Attachment 5*) FORM B-1
- GRIEVANCE HEARING NOTIFICATION (*see Attachment 6*) FORM B-2
- GRIEVANCE HEARING DECISION (*see Attachment 7*) FORM B-3
- GRIEVANCE REVIEW - 14 DAY EXTENSION (*see Attachment 8*) FORM B-4
- GRIEVANCE LOG (*see Attachment 9*)

Reviewed & Approved by: _____



Bruce Kamradt, Director

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holding funds for a patient shall give the patient an accounting of those funds in accordance with s. 51.61 (1) (v), Stats.

History: Cr. Register, June, 1996, No. 486, eff. 7-1-96.

DHS 94.26 Clothing and laundry. (1) Inpatients shall be permitted to wear their own clothing as authorized under s. 51.61 (1) (q), Stats., and this section.

(2) If inpatients do not have enough of their own clothing, they shall be furnished with appropriate noninstitutional clothing of proper size as follows:

(a) There shall be sufficient clothing to allow each patient at least one change of underwear a day and 3 changes of clothing a week; and

(b) There shall be clothing which is appropriate for patients to wear out of doors and on trips or visits in all weather conditions.

(3) All inpatients shall be provided with laundry service or, if the patient can use a washer and dryer, with access to washers and dryers. Facilities shall take reasonable measures to prevent the loss of inpatients' clothing during use of laundry services.

History: Cr. Register, January, 1987, No. 373, eff. 2-1-87; renum. from HSS 94.25, Register, June, 1996, No. 486, eff. 7-1-96.

DHS 94.27 Storage space. (1) Each inpatient shall be provided sufficient and convenient space for clothing, toilet articles and other personal belongings, as required under s. 51.61 (1) (r), Stats., and this section.

(2) Individual storage space shall be conveniently accessible to the patient, shall accommodate hanging of clothes and shall be lockable or otherwise made secure if requested by the patient.

(3) Personal storage space may be searched only if there is documented reason to believe a violation of the facility's security regulations has occurred and the patient is given the opportunity to be present during the search, except in forensic units where routine searches may be conducted in accordance with written facility policies.

History: Cr. Register, January, 1987, No. 373, eff. 2-1-87; renum. from HSS 94.26, Register, June, 1996, No. 486, eff. 7-1-96.

DHS 94.28 Right to file grievances. (1) A patient or a person acting on behalf of a patient may file a grievance under s. DHS 94.29 procedures with the administrator of a facility or other service provider or with a staff member of the facility or other service provider without fear of reprisal and may communicate, subject to s. 51.61 (1) (p), Stats., with any public official or any other person without fear of reprisal.

(2) No person may intentionally retaliate or discriminate against any patient, person acting on behalf of a patient or employee for contacting or providing information to any official or to an employee of any state protection and advocacy agency, or for initiating, participating in or testifying in a grievance procedure or in any action for any remedy authorized by law.

(3) No person may deprive a patient of the ability to seek redress for alleged violations of his or her rights by unreasonably precluding the patient from using the grievance procedure established under s. DHS 94.29 or from communicating, subject to any valid telephone or visitor restriction under s. DHS 94.05, with a court, government official, grievance investigator or staff member of a protection and advocacy agency or with legal counsel.

History: Cr. Register, June, 1996, No. 486, eff. 7-1-96.

DHS 94.29 Grievance resolution procedures. Failure of a treatment facility to comply with any provision of rights under s. 51.61, Stats., or this chapter may be processed as a grievance under s. 51.61 (5), Stats., and subch. III of this chapter.

History: Renum. from HSS 94.27 (1) and am., Register, June, 1996, No. 486, eff. 7-1-96.

DHS 94.30 Compliance assurance. (1) Each treatment facility director and program director shall ensure that all of his or her employees who have any patient contact are aware of

the requirements of this chapter and of the criminal and civil liabilities for violation of ss. 51.30 (10), 51.61, 146.84, 813.123, 940.22 (2), 940.225, 940.285, 940.295 and 943.20 (3) (d) 6., Stats., and of the protection for reporting violations of rights to licensing agencies under s. 51.61 (10), Stats.

(2) In the event that a contracted treatment facility does not comply with an applicable requirement of this chapter, the county department shall notify the department of the specific non-compliance within 7 calendar days of its discovery.

History: Cr. Register, January, 1987, No. 373, eff. 2-1-87; renum. from HSS 94.28, Register, June, 1996, No. 486, eff. 7-1-96.

DHS 94.31 Application of other rules and regulations. In applying the requirements of this chapter, when a different state rule or federal regulation also applies to the protection of a particular right of patients, the different state rule or federal regulation shall be controlling if it does more to promote patient rights than the counterpart requirement in this chapter.

History: Cr. Register, January, 1987, No. 373, eff. 2-1-87; renum. from HSS 94.29, Register, June, 1996, No. 486, eff. 7-1-96.

Subchapter III — Standards for Grievance Resolution Procedures

DHS 94.40 System requirements. (1) GRIEVANCE RESOLUTION SYSTEM REQUIRED. All programs providing services or residential care to persons who need the services or residential care because of mental illness, a developmental disability, alcoholism or drug dependency, as those terms are defined in s. 51.01, Stats., shall have a grievance resolution system which complies with the requirements of this subchapter.

(2) WRITTEN POLICIES. A program shall have written policies which provide that:

(a) Staff of the program know and understand the rights of the clients they serve;

(b) Fair, responsive and respectful procedures are available which permit clients to obtain resolution of their grievances within the time frames provided in this subchapter;

(c) Staff and clients are instructed in both the formal procedures by which clients may seek resolution of grievances, and informal methods for resolving client concerns; and

(d) Staff who act as client rights specialists, or private individuals with whom the program contracts for this service, are trained in the procedures required by this subchapter, techniques for resolution of concerns and grievances and the applicable provisions of ch. 51, Stats., ch. DHS 92 and this chapter.

(3) CLIENT RIGHTS SPECIALIST. (a) Each program or coalition of programs shall designate one or more persons to act as client rights specialists.

(b) The client rights specialist may be an employee of the program or of one of the programs in a coalition or may be a person under contract to a program or to a coalition of programs.

(c) The client rights specialist assigned to conduct a program level review under s. DHS 94.41 shall not have any involvement in the conditions or activities forming the basis of the client's grievance, or have any other substantial interest in those matters arising from his or her relationship to the program or the client, other than employment.

(d) If at any time during the formal resolution process a grievant wishes to switch to the informal resolution process, and the other parties agree to the switch, the client rights specialist may suspend the formal resolution process and attempt to facilitate a resolution of the matter between the parties without prejudice to positions of the grievant or the program.

(e) If the client chooses to use the informal resolution process and the matter is resolved, the client rights specialist shall prepare a brief report indicating the nature of the resolution and file it with the program manager, with copies to the client, any person acting on behalf of the client pursuant to s. DHS 94.49, and the parent or

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guardian of a client if that person's consent is required for treatment.

(4) INFORMAL RESOLUTION PROCESS. (a) Each program shall have available a process which offers clients and persons acting on behalf of clients the option of seeking informal resolution of their concerns.

(b) Use of the informal resolution process shall not be a prerequisite for seeking formal relief.

(c) The informal resolution process may be used pending initiation of the formal resolution process or as an adjunct during the formal resolution process.

(d) The informal resolution process shall be adapted to the particular needs and strengths of the clients being served by the program in order to assist them and any persons acting on their behalf to participate in and understand the process as much as possible.

(e) Any applicable time limits of the formal resolution process shall be suspended during the use of the informal resolution process until a grievant indicates that he or she wishes the formal resolution process to begin or until any party requests that the formal resolution process resume.

(5) FORMAL RESOLUTION PROCESS. Each program shall have a formal resolution process for program level review of grievances under s. DHS 94.41 which includes:

(a) A process for training client rights specialists and for protecting their neutrality while conducting grievance reviews by establishing conditions which allow them to be objective in their actions, such as not allowing retribution against them for unpopular decisions;

(b) Procedures for:

1. Conducting program level inquiries;
2. Preparing reports that include factual findings, determinations of merit and recommendations for resolving grievances;
3. Completing the review process within the time limits of this subchapter;
4. Maintaining impartiality in the conduct of the inquiry; and
5. Permitting both clients and staff an equal opportunity to be heard during the process;

(c) A method for informing clients and their guardians, parents and advocates about the way grievances are presented and the process by which reviews of grievances are conducted which takes into account any special limitations clients of the program may have and adapts the system to allow clients to participate in the process to the fullest extent possible;

(d) A process for responding to decisions on grievance reviews at any level that provides for rapid and accurate compliance with final determinations as well as orders for interim relief under s. DHS 94.50;

(e) A provision that, at any time, if all parties agree, the formal resolution process and any applicable time limits may be suspended to allow the parties to attempt an informal resolution of the matter under sub. (4), facilitated by the individual conducting the review at that level of the process. If time limits are suspended, they shall begin running again upon request of any party that the formal process be resumed.

(6) PROTECTIONS FOR CLIENTS AND ADVOCATES. A program shall have policies and procedures in place which provide that no sanctions will be threatened or imposed against any client who files a grievance, or any person, including an employee of the department, a county department or a service provider, who assists a client in filing a grievance.

Note: See s.51.61(5) (d) and (7m), Stats., for the civil and criminal penalties that are available to deal with anyone who threatens action or takes action against a client who files a grievance or against a person who assists a client in filing a grievance.

(7) CLIENT INSTRUCTION. As part of the notification of rights required under s. DHS 94.04, each program shall establish specific methods of instruction to help clients and their parents or

guardians, if consent by a parent or guardian is required for treatment, understand and use the grievance system.

History: Cr. Register, June, 1996, No. 486, eff. 7-1-96; correction in (2) (d) made under s. 13.93 (2m) (b) 7., Stats., Register, April, 2000, No. 532; **correction in (2) (d) made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635.**

DHS 94.41 Program level review. (1) PRESENTATION OF GRIEVANCE. (a) A program shall establish a flexible and open process through which clients and those acting on behalf of clients can present grievances.

Note: See DHS 94.49 for grievances presented on behalf of clients, including clients under guardianship.

(b) A grievance may be presented to the program manager or any staff person in writing, orally or by any alternative method through which the client or other person ordinarily communicates.

(c) Whenever possible, a program shall attempt to resolve a grievance at the time it is presented by listening to the nature of the complaint and by making adjustments in operations or conditions that respond to the individual needs of the client.

(d) If a grievance cannot be immediately resolved, the person presenting the issue shall be given the option of using the program's formal or informal resolution process.

(e) If the informal resolution process under s. DHS 94.40 (4) is chosen, any time limits in sub. (5) shall be suspended while the parties work out their differences.

(f) If the formal resolution process under s. DHS 94.40 (5) is chosen, the program shall refer the grievance to a client rights specialist who shall conduct an inquiry and file a report as provided in subs. (2) and (3).

(2) INQUIRY BY CLIENT RIGHTS SPECIALIST. (a) Upon receiving a referral, the client rights specialist shall meet with the grievant and the client, if different, and any staff member who may be named in the complaint, identify the matters at issue and explain the process for seeking formal resolution of grievances.

(b) If the grievance was presented orally or through an alternative form of communication, the client rights specialist shall assist the grievant in putting the grievance into writing for use in the ongoing process. A copy of the written grievance shall be given to the grievant and the client, and included in the report.

(c) 1. If there are facts in dispute, the client rights specialist shall conduct an inquiry into the incidents or conditions which are the focus of the grievance.

2. The program manager shall provide the client rights specialist with full access to all information needed to investigate the grievance, all relevant areas of the program facility named in the grievance and all records pertaining to the matters raised in the grievance.

3. The inquiry of the client rights specialist may include questioning staff, the client or clients on whose behalf the grievance was presented, other clients, reviewing applicable records and charts, examining equipment and materials and any other activity necessary in order to form an accurate factual basis for the resolution of the grievance.

(d) When an inquiry requires access to confidential information protected under s. 51.30, Stats., and the client rights specialist conducting the inquiry does not otherwise have access to the information under an exception found in s. 51.30 (4) (b), Stats., the client, or the guardian or parent of the client, if the guardian or parent's consent is required, may be asked to consent in writing to the release of that information to the client rights specialist and other persons involved in the grievance resolution process. The client rights specialist may proceed with the inquiry only if written consent is obtained. If consent for access is not granted, the program shall attempt to resolve the matter through the informal resolution process. The program may include in forms used for presenting written grievances a corresponding provision relating to consent for release of confidential information.

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(e) The client rights specialist shall maintain the confidentiality of any information about any program client gained during the inquiry, unless specific releases for that information are granted.

(f) With the consent of the grievant, the client rights specialist may suspend the formal resolution process and attempt an informal resolution of the grievance as provided in s. DHS 94.40 (4).

(3) REPORT OF CLIENT RIGHTS SPECIALIST. (a) In this subsection:

1. "Founded" means that there has been a violation of a specific right guaranteed to the client under ch. DHS 92 or this chapter or ch. 51, Stats.

2. "Unfounded" means that the grievance is without merit or not a matter within the jurisdiction of ch. DHS 92 or this chapter or s. 51.61, Stats.

(b) When the inquiry under sub. (2) (c) is complete, the client rights specialist shall prepare a written report with a description of the relevant facts agreed upon by the parties or gathered during the inquiry, the application of the appropriate laws and rules to those facts, a determination as to whether the grievance was founded or unfounded, and the basis for the determination.

(c) If the grievance is determined to be founded, the report shall describe the specific actions or adjustments recommended by the client rights specialist for resolving the issues presented. Where appropriate, the recommendation may include a timeline for carrying out the proposed acts and adjustments.

(d) If the grievance is determined to be unfounded, but through the process of the inquiry the client rights specialist has identified issues which appear to affect the quality of services in the program or to result in significant interpersonal conflicts, the report may include informal suggestions for improving the situation.

(e) Copies of the report shall be given to the program manager, the client and the grievant, if other than the client, the parent or guardian of a client if that person's consent is required for treatment, and all relevant staff.

(f) The client rights specialist shall purge the names or other client identifying information of any client involved in the grievance, other than the client directly involved, when providing copies of the report to persons other than the staff directly involved, the program manager or other staff who have a need to know the information.

(4) PROGRAM MANAGER'S DECISION. (a) If the program manager, the client, the grievant, if other than the client, and the guardian or parent, if that person's consent is required for treatment, agree with the report of the client rights specialist, and if the report contains recommendations for resolution, those recommendations shall be put into effect within an agreed upon timeframe.

(b) If there is disagreement over the report, the client rights specialist may confer with the client, the grievant, if other than the client, the parent or guardian of the client, if that person's consent is required for treatment, and the program manager or his or her designee to establish a mutually acceptable plan for resolving the grievance.

(c) If the disagreement cannot be resolved through the discussions under par. (b), the program manager or designee shall prepare a written decision describing the matters which remain in dispute and stating the findings and determinations or recommendations which form the official position of the program.

(d) The decision may affirm, modify or reverse the findings and recommendations proposed by the client rights specialist. However, the program manager shall state the basis for any modifications which are made.

(e) The program manager's decision shall be given personally or sent by first class mail to the client and the grievant, if other than the client, the parent or guardian of a client, if that person's consent is required for treatment, and all staff who received a copy of the report of the client rights specialist. The decision shall include a notice which explains how, where and by whom a

request for administrative review of the decision under s. DHS 94.42 (2) may be filed and states the time limit for filing a request for administrative review.

(5) TIME LIMITS. (a) *Filing a grievance.* 1. A client or a person acting on the client's behalf shall present a grievance to the client rights specialist, a staff person or the program manager within 45 days of the occurrence of the event or circumstance in the grievance or of the time when the event or circumstance was actually discovered or should reasonably have been discovered, or of the client's gaining or regaining the ability to report the matter, whichever comes last.

2. The program manager may grant an extension of the 45 day time limit for filing a grievance for good cause. In this subdivision, "good cause" may include but is not limited to circumstances in which there is a reasonable likelihood that despite the delay:

a. Investigating the grievance will result in an improvement in care for or prevention of harm to the client in question or other clients in the program; or

b. Failing to investigate the grievance would result in a substantial injustice.

(b) *Processing grievances in non-emergency situations.* In situations in which there is not an emergency, the following time limits apply:

1. A staff person receiving a request for formal resolution of a grievance shall present the request to the program manager or his or her designee as soon as possible but not later than the end of the staff person's shift;

2. The program manager or his or her designee shall assign a client rights specialist to the grievance within 3 business days after the request for formal process has been made;

3. The client rights specialist shall complete his or her inquiries and submit the report under sub. (4) within 30 days from the date the grievance was presented to a program staff person; and

4. A written decision under sub. (4) (e) shall be issued within 10 days of the receipt of the report, unless the client, the grievant, if other than the client, and the parent or guardian of the client, if that person's consent is necessary for treatment, agree to extend this period of time while further attempts are made to resolve the matters still in dispute.

(c) *Processing grievances in emergency situations.* 1. In emergency situations, the following time limits apply:

a. A staff person receiving the request shall immediately present the matter to the program manager or his or her designee;

b. The program manager or designee shall assign a client rights specialist as soon as possible but no later than 24 hours after the request is received;

c. The client rights specialist shall complete the inquiry and submit the report identified in sub. (4) within 5 days from the date the grievance was presented; and

d. A written decision under sub. (4) (e) shall be issued within 5 days of the receipt of the report, unless the client, the grievant, if other than the client, and the guardian or parent of the client, if that person's consent is necessary for treatment, agree to extend this period of time while further attempts are made to resolve the matters still in dispute.

2. If after a preliminary investigation it appears that there is no emergency, the client rights specialist may treat the situation as a non-emergency for the remainder of the process.

(6) PROTECTION OF CLIENTS. If the client rights specialist determines that a client or a group of clients is at risk of harm, and the program has not yet acted to eliminate this risk, he or she shall immediately inform the program manager, the county department operating or contracting for the operation of the program, if any, and the office of the department with designated responsibility for investigating client grievances under s. DHS 94.42 (1) (b) 2. of the situation. If the situation continues to place the client or the group of clients at risk, the office designated under s. DHS 94.42 (1) (b)

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2. shall take immediate action to protect the client or clients, pending further investigation.

History: Cr. Register, June, 1996, No. 486, eff. 7-1-96; corrections in (3) (a) 1. and 2. made under s. 13.93 (2m) (b) 7., Stats., Register, April, 2000, No. 532; **corrections in (3) (a) 1. and 2. made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635.**

DHS 94.42 Administrative review by county or state. (1) RESPONSIBILITY FOR ADMINISTRATIVE REVIEW. (a) 1. For a program operated by a county department or under contract with a county department, a requested administrative review of the program manager's decision under s. DHS 94.41 (4) (e) shall be conducted by the director of the county department.

2. The director of a county department may conduct administrative reviews or may designate a specific person or persons from the county department's staff to conduct administrative reviews at the county level. If a staff person is designated to carry out a review, he or she shall prepare a final report for the approval of the director.

(b) 1. For a program operating independently of a county department, including a program operated by a state agency, a requested administrative review shall be carried out by the office of the department with responsibility for investigating client grievances as provided in subd. 2.

2. The secretary shall designate a unit or office of the department to be responsible for conducting state level administrative reviews. The supervisor of the unit or office shall assign a specific staff person to act as grievance examiner for a review brought directly to the state from a program under subd. 1. or for a review brought to the state following a county level review under s. DHS 94.43. This office shall also be responsible for investigating complaints under s. DHS 94.51 relating to the existence or adequacy of grievance resolution systems.

(2) REQUEST FOR ADMINISTRATIVE REVIEW. (a) A request for administrative review of a program manager's decision shall state the basis for the grievant's objection and may include a proposed alternative resolution.

(b) 1. A request for administrative review may be made in writing, orally or through a person's alternative means of communication to the program manager by the grievant, the client, if other than the grievant, or the client's parent or guardian, if that person's consent is necessary for treatment.

2. If the request is made orally or through an alternative mode of communication, the program manager shall prepare a written summary of the request.

(c) When an administrative review is requested, the program manager shall transmit a copy of the original grievance, the report of the client rights specialist, the written decision and the request for review to the director of the county department or the state grievance examiner, as appropriate.

(3) SWITCH TO INFORMAL RESOLUTION PROCESS. At any time, if all parties agree, the formal resolution process and any applicable time limits may be suspended to allow the parties to attempt an informal resolution of the matter under s. DHS 94.40 (4), facilitated by the individual conducting the review at that level of the process. If time limits are suspended, they shall begin running again upon request of any party that the formal resolution process be resumed.

(4) GATHERING OF INFORMATION AND PREPARATION OF REPORT. (a) *Consideration of report and decision.* The individual conducting the administrative review shall consider the report of the client rights specialist and the decision of the program manager, but shall independently render an opinion by applying the appropriate provisions of ch. 51, Stats., ch. DHS 92 and this chapter to the facts and circumstances of the grievance.

(b) *Gathering of additional information.* 1. If the state grievance examiner or county director, or his or her designee, determines that additional information is necessary to complete the review, or if the client or person acting on behalf of the client has

made a reasonable allegation that the findings of fact by the client rights specialist or the program manager are inaccurate, further inquiry into the circumstances underlying the grievance may be made, including but not limited to personal interviews, telephone calls and inspection of equipment, facilities, records, documents and other physical or written materials which may be relevant.

2. Individuals gathering information in support of an administrative review shall have access to all relevant areas of the facility or other program named in the grievance during ordinary business hours or any other times specifically referenced in the original grievance, and shall have access to all records pertaining to the grievance.

3. If requested by the client or other grievant, the individual conducting the administrative review shall contact the client or other grievant.

4. If the circumstances underlying the grievance require an examination of clinical services, including but not limited to psychotherapeutic treatment, behavioral interventions and the administration of medication, the individual conducting the review may request that consultation on the matters in question be provided by an independent clinician with the experience and training appropriate for the inquiry.

(c) *Report.* 1. The individual conducting the review shall prepare a written report with findings of fact, conclusions based on upon the findings of fact and a determination of whether the grievance was founded or unfounded as defined in s. DHS 94.41 (3) (a).

2. If the review has been carried out by a staff person designated by the county director, the staff person shall submit a draft report to the county director who shall issue a written decision in the matter.

3. If the review has been conducted by a grievance examiner appointed under sub. (1) (b) 2., the report by the grievance examiner shall constitute the administrative decision at the state level.

4. If the grievance is determined to be founded, the decision shall identify the specific actions or adjustments to be carried out to resolve the grievance.

5. If the grievance is determined to be unfounded, the decision shall dismiss the grievance, pending any further request for review.

(5) DISTRIBUTION OF COUNTY DIRECTOR DECISION. (a) Copies of the decision by the county director shall be given personally or sent by first class mail to the program manager, the client, the grievant if other than the client, the client rights specialist, the parent or guardian of the client, if that person's consent is required for treatment, all staff who received a copy of the program manager's decision, and the office of the department designated under sub. (1) (b) 2.

(b) If the parties agree with the decision, any recommendations shall be put into effect as soon as possible.

(c) If there is a disagreement over the decision, the parties may confer in a meeting facilitated by the individual conducting the review in an attempt to establish a mutually acceptable plan for resolving the grievance. Any applicable time limits shall be suspended while the parties confer, but shall begin running again if either party indicates a desire to resume the formal resolution process.

(d) The county director's decision shall include a notice to the client and the program director which explains how and where a state level review of the decision can be requested under s. DHS 94.43 and the time limits within which a request for further review must be filed.

(e) Any party shall have 14 days from the date the party receives a county director's decision under par. (a) to request a state level review under s. DHS 94.43 of the county director's decision.

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(6) DISTRIBUTION OF STATE GRIEVANCE EXAMINER DECISION. (a) Copies of the decision by the state grievance examiner shall be given personally or sent by first class mail to the program manager, the client, the grievant, if other than the client, the client rights specialist, the parent or guardian of a client, if that person's consent is required for treatment, and all staff who received a copy of the program manager's decision.

(b) If the program manager, the client and the person acting on behalf of the client, if any, agree with the decision, any recommendations shall be put into effect as soon as possible.

(c) If there is disagreement over the decision, the parties may confer in a meeting facilitated by the state grievance examiner in an attempt to establish a mutually acceptable plan for resolving the grievance. Any applicable time limits shall be suspended while the parties confer, but shall begin running again if either party indicates a desire to resume the formal resolution process.

(d) The decision shall include a notice to the parties which tells how and where to request final state review under s. DHS 94.44 and states the time limits within which any request for final state review must be made.

(7) TIME LIMITS. (a) *Request for review.* A grievant shall have 14 days from the date he or she received the written decision of the program manager under s. DHS 94.41 (4) (e) to request an administrative review.

(b) *Review in non-emergency situations.* 1. In situations in which there is not an emergency, the following time limits apply:

a. The program manager or his or her designee shall, upon receipt of a request for review, transmit by first class mail the materials identified in sub. (2) (c) to the county director or the office of the department designated under sub. (1) (b) 2., as appropriate, within 7 days of receiving the request; and

b. The written decision on the review shall be issued within 30 days after the request for review was presented to the program manager.

2. The county director or the state grievance examiner in non-emergency situations may extend the time limit for completing the administrative review for up to 30 additional days with the consent of the program director, the client and the grievant, if other than the client, or upon a showing that additional time is necessary to complete the inquiry or evaluation of the matters presented for review.

(c) *Review in emergency situations.* 1. In emergency situations, the following time limits apply:

a. The program manager or his or her designee shall, upon receipt of a request for review, transmit by overnight mail the materials identified in sub. (2) (c) to the county director or the office of the department designated under sub. (1) (b) 2., as appropriate, within 3 business days of receiving the request; and

b. The written decision on the review shall be issued within 10 days after the request for review was presented to the program manager.

2. If after a preliminary investigation it appears that there is no emergency, the state grievance examiner or county director may treat the situation as a non-emergency for the remainder of the process.

(8) PROTECTION OF CLIENTS. If the state grievance examiner or county director determines that a client or group of clients is at risk of harm, and the program has not yet acted to eliminate this risk, he or she shall take immediate action to protect the client or clients, pending further investigation.

(9) PROTECTION OF CLIENT CONFIDENTIALITY. The county director or state grievance examiner shall purge the names or other client identifying information of any client involved in the grievance, including the client directly involved, when providing copies of the decision to persons other than the client or a person acting on the client's behalf, the parent or guardian of the client, the

staff directly involved, or the program manager or other staff who have a need to know the information.

History: Cr. Register, June, 1996, No. 486, eff. 7-1-96; correction in (4) (a) made under s. 13.93 (2m) (b) 7., Stats., Register, April, 2000, No. 532; **correction in (4) (a) made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635.**

DHS 94.43 State level review of county administrative decision. **(1) REQUEST FOR REVIEW.** (a) For a program operated by or under contract with a county department, if the program manager, the client or the grievant, if other than the client, disagrees with the decision of the county director under s. DHS 94.42 (5), that person may seek a review of the decision by the office or unit designated by the secretary under s. DHS 94.42 (1) (b) 2.

(b) If a grievant wishes to seek a state review of the county director's decision, he or she shall make the request to the program manager. The program manager shall forward the request and supporting materials to the office or unit designated under s. DHS 94.42 (1) (b) 2. in the same manner as provided in s. DHS 94.42 (2) (c), with a copy sent by first class mail to the county director. All other parties shall make their request to the office or unit designated under s. DHS 94.42 (1) (b) 2., with copies of the request given personally or sent by first class mail to the other parties.

(2) PROCEDURES AND TIME LIMITS. State review of a decision of a county director shall be conducted in the same manner and under the same time limits as an administrative review of a program operating independently of a county department under s. DHS 94.42.

(3) DISTRIBUTION OF DECISION. Copies of the decision by the state grievance examiner shall be given personally or sent by first class mail to the program manager, the client, the grievant, if other than the client, the county director, the client rights specialist and the client's parent or guardian if that person's consent is required for treatment.

(4) NOTICE OF RIGHT TO FINAL STATE REVIEW. The decision shall include a notice which explains how and where and under what time limits a party who disagrees with the decision of the state grievance examiner may seek final state review of the grievance under s. DHS 94.44.

(5) PROTECTION OF CLIENT CONFIDENTIALITY. The state grievance examiner shall purge the names or other client identifying information of any client involved in the grievance, including the client directly involved, when providing copies of the decision to persons other than the client, or a person acting on behalf of the client, the parent or guardian of the client, the staff directly involved, or the program manager or other staff who have a need to know the information.

History: Cr. Register, June, 1996, No. 486, eff. 7-1-96.

DHS 94.44 Final state review. **(1) DESIGNATION OF ADMINISTRATOR.** The secretary of the department shall designate a specific division administrator or administrators to conduct final reviews of client grievances.

(2) REQUEST FOR REVIEW. (a) A grievant seeking final state review shall present his or her request to the program manager who shall transmit the request to an administrator designated under sub. (1) along with copies of the original grievance and all prior decisions and reports.

(b) A request by a program manager or county director for final state review shall be presented to the designated administrator or administrators on forms provided by the department and include with the request copies of the original grievance and all subsequent decisions and reports. A copy of the request for review shall be sent by first class mail to all other parties, including the client and the grievant, if other than the client.

(c) A request shall describe the portion or portions of the prior decision with which the party disagrees, the basis for the disagree-

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ment and any arguments or additional information the party wishes the department to consider.

(d) If the grievant is unable to prepare a written request for final state review, the program manager or his or her designee shall assist in completing the necessary forms.

Note: For copies of the form for requesting a final state review, write: Division of Care and Treatment Facilities, P.O. Box 7851, Madison WI 53707.

(3) INFORMATION FOR REVIEW. The administrator conducting the final state review may request that additional information be submitted by any party or may conduct the final review based solely on the information already received.

(4) FINAL ADMINISTRATIVE DETERMINATION. (a) The administrator shall prepare a final administrative determination for resolution of the grievance.

(b) The administrator shall affirm the prior decision unless it is contrary to state statutes or administrative rules.

(c) If the administrator determines that the prior decision should be modified or reversed, he or she shall state the basis for the modification or reversal and shall include in the final administrative determination specific instructions for carrying out any acts or adjustments being ordered to resolve the grievance and the timelines for carrying them out.

(5) DISTRIBUTION OF DECISION. (a) Copies of the decision shall be sent by first class mail to the grievance examiner, the county director, if the program was operated by or under contract with a county department, the program manager, the client, the grievant, if other than the client, the client rights specialist, the parent or guardian of a client, if that person's consent is required for treatment, and all staff who received a copy of the state grievance examiner's decision..

(b) The decision shall contain a notice to the parties that there is no further administrative appeal beyond this stage. The grievant shall be advised of the client's right to pursue additional consideration of the matter by bringing action in a court under s. 51.61 (7), Stats.

(6) TIME LIMITS. (a) *Request for review.* A party shall have 14 days from the date he or she receives the written decision by the state grievance examiner under s. DHS 94.42 (6) or 94.43 to request a final state review.

(b) *Non-emergency situations.* 1. In situations in which there is not an emergency, the following time limits apply:

a. The program manager or his or her designee shall, upon receipt of the request for review by a grievant, transmit by first class mail the materials identified in sub. (2) (a) to the administrator designated under sub. (1) within 7 days of receiving the request;

b. Other parties shall transmit by first class mail their request for review along with all of the materials directly to the department administrator within 14 days of receiving the decision of the state grievance examiner; and

c. The designated department administrator shall issue a final decision on the review within 30 days after the request for review was presented to the program manager by the grievant or a request for review by any other party was received by the designated department administrator.

2. The department administrator in non-emergency situations may extend the time limit for completing the administrative review for up to 30 additional days with the approval of the program director, the client and the grievant, if other than the client, or upon a showing that additional time is necessary to complete the inquiry or evaluation of the matters presented for review.

(c) *Emergency situations.* 1. In emergency situations, the following time limits apply:

a. The program manager or his or her designee shall, upon receipt of the request for review by a grievant, transmit by overnight mail the materials identified in sub. (2) (a) to the administrator

designated under sub. (1) within 3 business days of receiving the request.

b. Other parties shall transmit by overnight mail their request for review along with all of the materials directly to the department administrator within 7 days of receiving the decision of the state grievance examiner; and

c. The final decision on the review shall be issued within 10 days after the request for review was presented to the program manager by the grievant or a request for review by any other party was received by the department administrator.

2. If after a preliminary investigation it appears that there is no emergency, the department administrator may treat the situation as a non-emergency for the remainder of the process.

(7) PROTECTION OF CLIENTS. If the department administrator determines that a client or group of clients continues at risk of harm and the program has not yet acted to eliminate this risk, he or she shall take immediate action to protect the client or clients, pending further investigation.

(8) PROTECTION OF CLIENT CONFIDENTIALITY. The department administrator shall purge the names or other client identifying information of any client involved in the grievance, including the client directly involved, when providing copies of the decision to persons other than the client or a person acting on behalf of the client, the parent or guardian of the client, the staff directly involved, or the program manager or other staff who have a need to know the information.

History: Cr. Register, June, 1996, No. 486, eff. 7-1-96.

DHS 94.45 Program coalitions. **(1)** A group of programs may form a coalition to operate a combined grievance resolution system in order to share the costs of operating the system and to increase the independence and expertise of the individuals acting as client rights specialists.

(2) The coalition may establish a common process for conducting program level reviews and for offering informal resolution services, or may identify specific variations of the process as it applies to each coalition member, so long as each variation complies with this subchapter.

(3) The programs in the coalition may agree to share the costs of training existing staff to act as client rights specialists or may jointly contract with one or more private individuals to provide this service upon request for any member of the coalition.

(4) A coalition shall operate in accordance with a written agreement signed by the member programs. The terms of the agreement shall provide for meeting the requirements of this subchapter in the operation of the grievance resolution system and for maintaining the impartiality of the client rights specialist.

History: Cr. Register, June, 1996, No. 486, eff. 7-1-96.

DHS 94.46 Multiple grievances by one client.

(1) When a client or a person acting on behalf of a client has presented multiple grievances involving a variety of circumstances, the client rights specialist may establish an expanded timetable with specific priorities for investigating the allegations in a manner which appears most likely to deal with the issues in an efficient manner while addressing the most serious allegations first. This timetable may exceed the time limits in this subchapter, but shall include reasonable time limits for completing the investigation of each grievance. The client rights specialist shall notify the client or person acting on behalf of the client and the program manager of the timetable and priorities for resolution of multiple grievances within 10 days after beginning the inquiry.

(2) If there is an objection to the proposed timetable or priorities, the client rights specialist shall attempt to reach an informal resolution of the objection. If the client, person acting on behalf of the client or the program manager continues to object, that person may request a review of the issue by the county department or the state grievance examiner, whichever would normally hear

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an appeal of the program level review. In the absence of a request, the timetable and priorities established by the client rights specialist shall be controlling.

History: Cr. Register, June, 1996, No. 486, eff. 7-1-96.

DHS 94.47 Related grievances by several clients.

(1) When 2 or more clients have presented individual grievances involving the same circumstances or a related group of circumstances relating to a single program, the client rights specialist may conduct the investigation as if it were one grievance.

(2) If the client rights specialist believes the investigation of the grievance will require more time to complete than is allowed under the time limits established in this subchapter, the client rights specialist shall establish a reasonable time limit for completing the investigation. The client rights specialist shall notify the clients, any person or persons acting on their behalf and the program manager of the time limit within 10 days after beginning the inquiry.

(3) If there is an objection to the proposed time limit for completing the investigation, the client rights specialist shall attempt to reach an informal resolution of the objection. If a client, any person acting on behalf of any of the clients or the program manager continues to object, that person may request a review of the issue by the county department or the state grievance examiner, whichever would normally hear an appeal of the program level review. In the absence of a request, the timetable established by the client rights specialist for completing the investigation shall be controlling.

History: Cr. Register, June, 1996, No. 486, eff. 7-1-96.

DHS 94.48 Grievances involving several programs.

(1) If a client has presented the same grievance against several programs, each of which would ordinarily use a different client rights specialist, the client rights specialists from all the programs named in the grievance may:

- (a) Jointly conduct the investigation;
- (b) Delegate the task to one or more of the client rights specialists involved; or
- (c) Refer the matter to the county department or the office of the department with jurisdiction over the services offered by the program for an immediate county or first state review.

(2) If the client rights specialist or specialists believe the investigation of the grievance will require more time to complete than is allowed under the time limits established in this subchapter, the client rights specialist or specialists shall establish a reasonable time limit for completing the investigation. The client rights specialist or specialists shall notify the client, any person acting on the client's behalf and the program manager of the time limit within 10 days after beginning the inquiry.

(3) If there is an objection to the proposed time limit for completing the investigation, the client rights specialist shall attempt to reach an informal resolution of the objection. If the client, person acting on behalf of the client or the program manager continues to object, that person may request a review of the issue by the county department or the state grievance examiner, whichever would normally hear an appeal of the program level review. In the absence of a request, the time limit established by the client rights specialist or specialists for completing the investigation shall be controlling.

History: Cr. Register, June, 1996, No. 486, eff. 7-1-96.

DHS 94.49 Grievances presented on behalf of clients. (1) Any person who is aware of a possible violation of a client's rights under ch. 51, Stats., ch. DHS 92 or this chapter may present a grievance on behalf of the client.

(2) When a grievance is presented on behalf of a client by someone other than the client's parent or guardian, and the parent or guardian's consent is required for treatment, the client rights specialist shall meet with the client and the client's parent or

guardian, to determine if the client or the client's parent or guardian, as appropriate, wishes the grievance investigated and resolved through the formal resolution process.

(3) If the client or, when the parent's or guardian's consent is required for treatment, the parent or guardian is opposed to using the formal resolution process, the client rights specialist may proceed with the investigation only if there are reasonable grounds to believe that failure to proceed may place the client or other clients at risk of physical or emotional harm. If there is no parent or guardian, or that person is not available, and the client is unable to express an opinion, the client rights specialist shall proceed.

(4) Where a grievance is filed on behalf of a client by a person who does not have a right to information about the client because of confidentiality statutes, the person may only receive confidential information as part of the investigation or resolution of the grievance with the informed consent of the client or his or her guardian, if there is one, the parent of a client who is under the age of 18, if the parent's consent is required for a release of information, or pursuant to an order of a court with jurisdiction over matters relating to the client under ch. 48, 51 or 55, Stats.

(5) In the absence of this consent, a person presenting a grievance on behalf of a client shall be informed of the determination of the client rights specialist and decision of the program manager, if any, regarding the merit of the grievance, but if the text of the determination contains confidential information to which the person is not privileged or for which a release has not been obtained, the text may not be disclosed to the person.

(6) (a) A person presenting a grievance on behalf of a client may request additional review of an adverse decision, up to and including final state review under s. DHS 94.44.

(b) If the client is opposed to requesting additional review, or when the parent or guardian's consent is required for treatment and the parent or guardian is opposed to requesting additional review, the reviewing officer may only proceed if the person presenting the grievance provides sufficient information to demonstrate that there are reasonable grounds for believing that failure to proceed may place the client or other clients at risk of physical or emotional harm.

History: Cr. Register, June, 1996, No. 486, eff. 7-1-96; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, April, 2000, No. 532; correction in (1) made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635.

DHS 94.50 Interim relief. (1) If the client rights specialist or a person conducting an administrative review of a grievance finds that interim relief is necessary to protect a client's well-being pending resolution of a grievance, a directive may be given to the program manager to modify the services being provided to the client to the extent necessary to protect the client.

(2) A directive for interim relief shall be designed to provide the necessary protection at the minimum expense to the program while protecting the rights of the client.

(3) A program manager may appeal a directive for interim relief to the department administrator designated under s. DHS 94.44 (1).

History: Cr. Register, June, 1996, No. 486, eff. 7-1-96.

DHS 94.51 Complaints related to the existence or operation of grievance resolution systems. (1) Clients or persons acting on behalf of clients under s. DHS 94.49 may register complaints relating to failure of a program to have a grievance resolution system as required by s. 51.61 (5) (b), Stats., and this subchapter, or relating to the operation of an existing grievance resolution system directly to the unit or office of the department designated to conduct administrative reviews under s. DHS 94.42 (1) (b) 2.

(2) If a complaint regarding the existence or operation of a grievance resolution system is filed with the department, a state grievance examiner shall conduct an investigation to determine whether a grievance resolution system meeting the requirements

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of s. 51.61 (5) (b), Stats., and this subchapter is in place in the program.

(3) If the program lacks a grievance resolution system, or if the operation of an existing grievance resolution system is not in substantial compliance with the requirements of this subchapter, the state grievance examiner shall issue a report identifying the steps necessary for the program to implement a grievance resolution system that complies with this subchapter, with a timeline for implementation.

(4) The client or a person acting on behalf of the client or the program manager may seek a review of the state grievance examiner's report under sub. (3) by the administrator designated under s. DHS 94.44 (1).

(5) If the program fails to implement the required steps in the expected time period, the matter shall be referred by the grievance examiner to the appropriate unit or office of the department or the county department with responsibility for oversight of the program for action related to certification, licensure or reimbursement or for censure of the program.

(6) Nothing in this section shall be read as prohibiting or limiting in any way the beginning of an action under s. 51.61 (7) or (7m), Stats., or any other civil or criminal prosecution by or on behalf of a client.

History: Cr. Register, June, 1996, No. 486, eff. 7-1-96; **correction in (1) made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635.**

DHS 94.52 Investigation by the department. The department may investigate any alleged violation of this chapter

and shall, in accordance with ch. DHS 92, have access to treatment records and other materials and to individuals having information relating to the alleged violation.

History: Cr. Register, June, 1996, No. 486, eff. 7-1-96; correction made under s. 13.93 (2m) (b) 7., Stats., Register, April, 2000, No. 532; **correction made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635.**

DHS 94.53 Support for development of grievance resolution systems. (1) The department shall prepare materials, including but not limited to model policies and program guidelines, which describe methods for implementing the elements necessary for a grievance resolution system which is in compliance with this subchapter.

(2) The secretary of the department shall designate an office or unit of the department which shall be responsible for providing or contracting for the provision of technical assistance to programs with questions about the development, operation and maintenance of consistency of grievance resolution systems, and for providing or arranging for the provision of training for persons who have been designated to act as client rights specialists and county directors or staff designated to carry out administrative reviews under s. DHS 94.42.

History: Cr. Register, June, 1996, No. 486, eff. 7-1-96.

DHS 94.54 Units of time. All time limits in this subchapter are expressed in calendar days unless otherwise noted.

History: Cr. Register, June, 1996, No. 486, eff. 7-1-96.

COMPLAINT / SUGGESTION FORM

To be completed by any individual who would like to report a complaint or make a suggestion about any aspect Of the Wraparound Milwaukee program (*i.e., Families, Care Coordinators, Providers, etc.*)

Name of Person/Agency Filing Complaint or Suggestion_____

Date_____

Address_____ **City**_____ **State**_____ **Zip**_____

Phone Number_____ **Fax Number**_____

What is your association with Wraparound? ☐ Parent/Caregiver ☐ Youth ☐ Provider

Name of Care Coordinator (if applicable)_____

Name of Care Coordinator's

Name of associated Wraparound Enrollee/Youth_____
(If relevant to this complaint / suggestion)

If a Complaint, Name of Person/Agency Complaint is Against _____

Details of Complaint or Your Suggestion: (*Please be specific including names, dates, etc., when applicable.*)

(Please use back of form or attach an additional sheet of paper if more space is needed)

If this is a Complaint, what have you done in an attempt to resolve your concern? (*Please include who you've spoken to and the result of the conversation. Did the Child & Family Team discuss the concern?*)

What would you like to occur as a result of your complaint/suggestion?

Signature of Person Completing Form _____

Signature of Care Coordination Agency Supervisor, if it is a Care Coordinator that is filling out the Complaint _____

Send To: WRAPAROUND MILWAUKEE
9201 Watertown Plank Road
Milwaukee, WI 53226
Attn: Pamela Erdman - Quality Assurance Director

Or Fax To: [Melissa Graham](#)
Quality Assurance Department
at (414) 257-7575

.....
(For Wraparound Use Only)

To be Completed by Quality Assurance Department / Investigator

Person Assigned to Investigate _____ **Date Assigned** _____

Date Received by Investigator _____

Please complete Investigation and Return to Pam Erdman by _____
(5 working days)

Results of Investigation: *(Be specific and include dates, times, names of individuals spoken to, etc.)*

Investigator's Signature _____ **Date** _____

***NOTE:** Please call [Melissa Graham](#) at (414) 257-6024, if unable to complete the investigation by the date indicated above.

.....

FORMA DE QUEJA / SUGERENCIA

Debe ser completado por cualquier individuo que quiere reportar una queja o hacer una sugerencia sobre cualquier aspecto del programa Wraparound Milwaukee (i.e., Familias, Coordinadores de Cuidado, Proveedores, etc.)

Nombre de la Persona/ o de la Agencia llenando la Queja o Sugerencia_____

Fecha_____

Dirección_____ **Ciudad**_____ **Estado**____ **Código**

Postal_____

Numero de Teléfono_____ **Número de fax**_____

Nombre del Coordinador de Cuidados (Si aplica) _____

Nombre de la Agencia del Coordinador de Cuidados _____

Nombre de la persona/ joven matriculada en Wraparound _____
(Si es relevante a la Queja o Sugerencia)

Si es una Queja, Nombre de la persona o Agencia de quien es la queja _____

Detalles de la Queja o Sugerencias: (Por favor sea específico incluyendo nombres, días, etc., cuando es aplicable.)

(Por favor utilice la parte de atrás de la forma o una hoja adicional si necesita mas espacio)

Si esto es una Queja, ¿que ha hecho usted en una tentativa de resolver su preocupación? (Incluya por favor con quien usted ha hablado y el resultado de la conversación. ¿El equipo de la familia y el niño hablaron acerca de las preocupaciones?)

¿Que usted quiere que ocurra como resultado de su queja o sugerencia?

Firma de la persona que completo este formulario

Firma del Supervisor de la Agencia del Coordinador de Cuidados, si es que es un Coordinador de Cuidados el que esta completando la queja_____

Enviar a: WRAPAROUND MILWAUKEE **O Enviar por Fax a:** [Melissa Graham](#)
9201 Watertown Plank Road Departamento de Garantía de Calidad
Milwaukee, WI 53226 al (414) 257-7575
Attn: Pamela Erdman – Directora de Garantía de Calidad

.....
(Para el uso de Wraparound solamente)

Para ser completado por el Departamento de Garantía de Calidad / Investigador

Persona Asignada para investigar _____ **Fecha Asignada** _____

Fecha recibida por el investigador _____

Por favor de completar la investigación y devolverlo a Pam Erdman/ Melissa Hunkins no mas tarde de

(5 días laborales)

Resultados de la Investigación: (Sea específico e incluya fechas, horas, nombre de individuos con quien se haya hablado, etc.)

Firma del Investigador _____ **Fecha** _____

***NOTA:** Por favor llame a [Melissa Graham](#) al (414) 257-6024, si no es posible de completar la investigación en la fecha establecida en parte superior.

WRAPAROUND MILWAUKEE
GRIEVANCE INITIATION

Name of Child/Family_____

Care Coordinator/Provider_____

Grievance Description *(include dates of relevant events, names, addresses & phone numbers of all parties):*

Desired Resolution:

Please Check One of the Following:

- ☐ I request a meeting/hearing to discuss and try to resolve above grievance with all interested parties and representatives. Wraparound Milwaukee will notify parties listed.
- ☐ I do not request a meeting/hearing at this time. I request a written response to my grievance.
- ☐ I request that the grievance be filed and do not desire any further action.

Submitted By:

Signature_____Date_____

Print Name_____Phone_____

Address_____

Send To: WRAPAROUND MILWAUKEE
9201 Watertown Plank Road
Milwaukee, WI 53226
Attn: Pamela Erdman, Quality Assurance Director
Fax: (414) 257-7575

GRIEVANCE RECORD

☐ Medicaid Client
☐ Non-Medicaid Client

Client Name _____ Client DOB _____

Grievance Submitted by _____

Phone _____ Care

Coordinator _____

Description of Grievance (*verbal dissatisfaction - specify*): _____

Date Initiated _____ Desired Resolution _____

Was Grievant Contacted? ☐ Yes ☐ No If Yes, Date _____

Was Grievant Informed of Grievance Procedure? ☐ Yes ☐ No

GRIEVANCE

I. Program Director Review Date Received: _____

A. Nature of Grievance

_____ 1. Dissatisfaction with Care Coordinator's implementation of Plan of Care (*Describe*):

_____ 2. Benefit Denials (*claims or benefits; refusal to refer or provide a requested service*)
Describe:

_____ 3. Dissatisfaction with Service quality, provider, etc.:
Date of: _____

_____ 4. Other (*Specify*): _____

B. Grievance Hearing Date (*10 calendar days*): _____

_____ 1. Members Present:

_____	_____
_____	_____
_____	_____
_____	_____

_____ 2. Decision (*check one*): ☐ Approved ☐ Modified ☐ Denied

_____ 3. Was additional 14 days needed? (*check one*): ☐ Yes ☐ No

Signature of Person Completing this Form _____ Date _____

Title _____

GRIEVANCE ACKNOWLEDGMENT

(Within 5 Days of Receipt)

[Date]

[Grievant]

[Address]

Re: [Client Name]
[Client DOB]

Dear [Grievant]:

Wraparound Milwaukee received your letter on [date] that expressed a Grievance concerning [description of grievance].

Your Grievance is important and will be evaluated by the appropriate Wraparound Milwaukee staff member. In order for us to resolve your Grievance, we will need to review all important and available information related to your Grievance. We will schedule a Grievance Hearing with you within 10 days of Wraparound Milwaukee's receipt of your Grievance.

Before and at your Grievance Hearing, you and any representatives have the right to present evidence and allegations of fact or law in person, as well as in writing, related to your Appeal and to have access to any records (within the restrictions of the law) related to the issue being appealed.

You may contact the Wraparound Milwaukee Quality Assurance Department at (414) 257-7608 with any questions you may have regarding the Grievance process.

Sincerely,

Quality Assurance Department
Wraparound Milwaukee

cc: Care Coordinator
Client File

GRIEVANCE HEARING NOTIFICATION

(Within 10 Days of Receipt)

[Date]

[Grievant]

[Address]

Re: [Client Name]

[Client DOB]

Dear [Grievant]:

Your Grievance will be presented to Wraparound Milwaukee on [date].

The Hearing will take place at [time, date, place of Hearing].

You and your representatives have the right to be present at or before the Grievance Hearing to present additional written or verbal information that is important to your case.

You may contact the Wraparound Milwaukee Quality Assurance Department at (414) 257-7608 with any questions you may have regarding the Grievance Hearing.

Sincerely,

Quality Assurance Department
Wraparound Milwaukee

cc: Care Coordinator
Client File

GRIEVANCE HEARING DECISION

(Within 10 Days of Receipt)

[Date]
[Grievant]
[Address]

Re: [Client Name]
[Client DOB]

Dear [Grievant]:

Wraparound Milwaukee's Program Level Grievance Committee met on [date] to hear your Grievance. [You were at the Hearing to present {verbal or written} additional information OR You were not at the Hearing to present verbal or written information].

After evaluating the available information, the decision was to [describe]. The Wraparound Milwaukee Program Level Grievance Committee Hearing is the final Grievance process available to you through Wraparound Milwaukee. You may appeal the Committee's decision to the Administrator of the Milwaukee County Behavioral Health Division by writing to:

Milwaukee County Behavioral Health Division
9455 Watertown Plank Road
Milwaukee, WI 53226
Attn: BHD Administrator

Or to the State of Wisconsin by writing to:

State of Wisconsin
Department of Administration
Division of Hearings & Appeals
P.O. Box 7875
Madison, WI 53707-7875

If Wraparound Milwaukee can be of assistance to you in this or other matters, please feel free to call our Quality Assurance Department at (414) 257-7608.

Sincerely,

Quality Assurance Department
Wraparound Milwaukee

cc: Care Coordinator
Client File

GRIEVANCE REVIEW – 14 DAY EXTENSION

(Within 45 Days of Receipt)

[Date]

[Grievant]

[Address]

Re: [Client Name]
[Client DOB]

Dear [Grievant]:

In order for the Wraparound Milwaukee Program Level Grievance Committee to resolve your Grievance, which we received on [date], we will require an additional 14 calendar days. This additional time is needed to *[example: to acquire additional medical information from your primary care physician, etc.]*

Following receipt of the additional information, your Grievance will be evaluated in a timely manner. It is expected that a resolution to your Grievance will be reached no later than *[date - 14 calendar days from date of this letter]*. You will be notified of this decision.

You may contact the Wraparound Milwaukee Quality Assurance Department at (414) 257-7608 with any questions you may have.

Sincerely,

Quality Assurance Department
Wraparound Milwaukee

cc: Care Coordinator
Client File

[illegible]