

Milwaukee County DHHS-BHD  
Children's Community Mental Health Services and  
Wraparound Milwaukee Program



Enrollee and Family  
**HANDBOOK**

Helping youth and young adults who have behavioral or mental health needs to reach their full potential by connecting them with community supports and services.

2018

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## Interpreter Services

English – For help to translate or understand this, please call your Care Coordinator.

Spanish – Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono  
Su Coordinador de Cuidado.

Hmong – Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau Koj saib xyaus  
Kevpab.

Russian – Помочь перевести или понять это, пожалуйста, позвоните ваш уход координатор.



# Vision & Mission Statement

## Vision

To help build healthy and strong communities by enhancing children and families' ability to meet life's challenges and to foster resiliency and hope for a better future.

## Mission

1. To serve each youth and family with respect and dignity acknowledging their strengths, needs and preferences.
2. To partner with the agencies who work with families to create a coordinated, holistic plan for a better life.
3. To support youth and their families to remain safely in their homes and communities.
4. To provide quality care that is culturally responsive to the diverse needs of the families we serve.
5. To provide leadership in creating lasting resources to promote the health and well-being of families in their communities.

## Welcome

Welcome to Milwaukee County DHHS-BHD Children's Community Mental Health Services and Wraparound Milwaukee Program! This Handbook will help you understand how Children's Community Mental Health Services and Wraparound Milwaukee Program work. Please read this over. Your Coordinator will be talking with you about this Handbook.

## What is Milwaukee County DHHS-BHD Children's Community Mental Health Services and Wraparound Milwaukee Program?

Our program is a community-based program that offers care and support to families with a child or children and/or a young adult who have serious emotional or mental health needs. We use a person-centered/family-centered team approach. Together we look at the strengths and needs of you and/or your family. We will work with you to help you identify what you or your child needs to have a better life. One of the goals is to help individuals and families to be independent after we are no longer involved in their lives.

We will ask you to choose Team members who know you and your family best. These individuals will be your "Child & Family Team". Your Child & Family Team will also include your Coordinator and may include people such as a, Division of Milwaukee Child Protective Service Worker or Human Service Worker, teachers, therapists and other mental health providers. Your Team will meet on a monthly basis.

We offer several programs which include: Wraparound Milwaukee, REACH, O'YEAH, CORE, Children's Comprehensive Community Services (CCS), and Children's Mobile Crisis.

## Our Commitment and Beliefs In Serving You

1. We believe you know you best and that families know their children best.
2. We will help you get your and or your children's needs met in your community.
3. Allow you to have your own voice at all times, expressing your own desires and dreams.
4. Family and community resources such as relatives, neighbors, friends and spiritual communities are usually the most helpful.
5. Many different types of services and supports may be needed because we all come from different cultures and backgrounds.
6. You have a right to learn about your own or your child's diagnosis and individual needs.
7. With you and your family in the driver's seat, we will help you put together a Plan and assist you with finding the community resources and support you may need.
8. Chances of success are better when all of the Team members work together.

9. We encourage you to lead and be the designer of your own future.
10. When you receive the help you ask for and need, there is more hope for the future.
11. We provide covered services to all eligible members regardless of age, race, religion, color, disability, sex, sexual orientation, national origin, marital status, arrest or conviction record, or military participation.

## What is Needed to Take Part in Our Program?

We have a Screening Team that will meet with you. They will tell you about the programs and determine with you what program will meet the needs of you and/or your child.

To participate in the Milwaukee County DHHS-BHD Children's Community Mental Health Services and Wraparound Milwaukee Program, the individual enrolling in the program must have serious emotional or mental health needs and must meet the following criteria:

1. The enrollee must be diagnosed with a Severe Emotional Disturbance (SED)
2. The enrollee must be enrolled in Medicaid or a Badger Care Plus
3. Must be a resident of Milwaukee County
4. Desire to be enrolled, as our program is voluntary
5. Additional criteria may pertain, please review the brochure for more program specific criteria. You may also call the resource and referral line at 414-257-7607 for additional information or to discuss your options.

## Your Participation

We welcome you to become involved in all parts of the program. This will include meeting with your Coordinator on a regular basis, maintaining communication with your Child and Family Team, and participating in meetings and agreed upon services. During and after your enrollment in our program, you are encouraged to join different groups, meetings or activities. Some of these groups may include involvement with Family Advocacy, the Wraparound Partnership Council, the Wraparound Quality Assurance Committee or Coordinator trainings. Your input is highly valued and very important! If you would like to become involved in helping, please connect with your Coordinator.

## You & Your Coordinator

Upon enrolling in our program, you will be assigned a Coordinator, from a local agency, and will receive a letter with their information. We will try to match you to a Coordinator that will work best with you and your family. Your Coordinator will call to set up the first meeting to discuss their role, the program, and complete enrollment paperwork consents. This meeting, and all future meetings, should be scheduled at a time and place that works best for you.

Your Coordinator is the person who will partner with you to identify your and your families' strengths and needs. Next, your Coordinator will help you to put together your Child & Family Team. The Child & Family Team will create a Plan together **within the first 30 days** after enrollment.

1. The Plan guides you and your Child & Family Team in how all of you together will address your identified concerns to meet your vision.
2. The Child & Family Team will then talk about what can be done to support you. This may be sought through services from "Providers" in our Provider Network and/or voluntary or free services available from your family or the community.
3. You will then put your Plan into action and be partnering closely with your Coordinator and Child & Family Team to see how you are doing on your Plan. Changes to the Plan can be made as often as needed, but must be reviewed and updated **at least** once every three months. **It is very important that you take part in these meetings.** Please ask your Coordinator any questions you may have about your Plan.

## Changing Coordinators

We realize there may be a time when you, a family, or Child and Family Team feels they need to request a new Coordinator. Prior to changing Coordinators, we encourage the Child & Family Team to have a meeting to discuss why they want a new Coordinator. If it is decided that a new Coordinator would be best, we will support this request without negative consequences to you, your family or the agency. You should work with the Child & Family Team to decide when the best time to transition coordinators.

## Funding Sources & Providers

A combination of state and county agencies, including the Division of Milwaukee Child Protective Services, the County's Delinquency and Court Services, and the State Division of Health Care Financing who operates Medicaid, provide funding for the system. Funds from these agencies are pooled to create maximum flexibility and a sufficient funding source to meet the comprehensive needs of the families served. As part of the County's Behavioral Health Division, Wraparound Milwaukee oversees the management and disbursements of those funds acting as a public managed care organization.

We use Providers from different backgrounds and cultures so that we can offer families a choice. We often offer services to you to address behavioral or mental health concerns that may not be covered by your insurance, BadgerCare or Milwaukee County Human Services. We strongly encourage the use of natural supports found in the community first or in combination with our Provider Network. If we cannot meet your child's needs through the current Providers or through your natural supports, we will attempt to locate a Provider or person from your community that can.

## Confidentiality

All discussions that occur and services that you receive through our program and community Providers are with your signed consent. You will be asked to sign Consent Forms at the start of the program. We only share information needed to obtain and provide services and to assure quality care. Your consent will let us share information or get information from past Providers or people who have helped you or family. Information about you and your family is confidential, unless you or your child threatens to harm self or others, or if there is evidence of or suspicion of abuse or neglect on the part of the family or caregiver. All Providers, by law, must report any abuse/neglect or suspected abuse/neglect to the Division of Milwaukee Child Protective Services at (414) 220-SAFE. They must also report any reported or suspected neglect, physical and/or emotional abuse, financial exploitation and/or unable to care for self for those over the age of 18 to Milwaukee County Disabilities Services Division by calling 414-289-6660.

## MOVE Wisconsin

MOVE Wisconsin is a youth-led organization that promotes and empowers youth and young adult's voice throughout our community. MOVE Wisconsin is made up of youth and young adults that have lived experience in various systems, while supporting and advocating for change. MOVE Wisconsin uses the leadership, motivation and the desires of its members to make positive changes that directly affect those involved. If you are between the ages of 16-23 and looking to make a difference in your community or just for a positive group or activity MOVE Wisconsin is for you.

MOVE Wisconsin meetings are held at Owen's Place located at 4610 W. Fond Du Lac Ave. For more information on how MOVE Wisconsin can be a positive addition to your life contact Owen's Place at 414-977-4249.

## Family Advocacy

Essential to the success of our program, are our partnerships with and commitment to empower and strengthen families. Wraparound Milwaukee offers an opportunity to connect with other parents/caregivers who have had similar experiences. For more information on connecting with other parents/caregivers, ask your Coordinator for assistance in accessing this support.

## Special Education

The Special Education Advocacy (SEA) Group are Special Education Liaisons who can help work with you or your child's school district to get needed services for yourself or your child and to assist in the Individual Education Plan (IEP) process.

For more information, call Chris Shafer, Special Education Liaison, at (414) 257-6799.

## Family Satisfaction

In addition to the forms that your Coordinator will ask you to fill out, we will be asking you to complete Satisfaction Surveys. Your input is valuable and will help us to make improvements in the care we provide, as we want you to receive the best care possible while you or your child is in our program. You have the right to choose not to complete the surveys.

## BadgerCare Plus, Private Health Insurance or No Insurance

If the individual is enrolled in the Wraparound Milwaukee HMO (non CCS enrollees), all of **mental health and alcohol and drug-related services, including inpatient psychiatric care will be provided through the Wraparound Milwaukee Provider Network. If these services are needed outside of Milwaukee County, and they are non-life threatening you must get pre-approval from Wraparound Milwaukee.**

If the enrollee is currently working with any mental health or substance abuse providers, let your Coordinator know about this during your first meeting. He or she can verify whether that provider is in the Wraparound Milwaukee Provider Network.

1. **BadgerCare Plus** – if the enrollee is currently receiving Medicaid from any source, such as Medicaid SSI, BadgerCare Plus, W2, etc.:
  - a. The enrollee will continue to use their blue Forward Health ID Card to get any **medical or dental services** as they have in the past (*such as prescriptions, medical emergencies, medical doctor appointments, dental appointments, etc.*).



- b. Wraparound Milwaukee’s BadgerCare Plus funding covers the enrolled person only. If the parent/guardian has a Forward Health ID Card, the parent/guardian and their other children’s mental health needs will continue to be reimbursed by using that card.
  - c. If the enrollee is enrolled in a BadgerCare Plus HMO, they will be disenrolled from the HMO upon enrollment in the Wraparound Milwaukee program.
2. **Private Health Insurance** – If the enrollee currently has Private Health Insurance:
    - a. Please bring a copy of your private health insurance card to your Coordinator. We will work with the insurance company for any services they cover.
    - b. If you have private insurance and your child is placed out of the home, for example – in residential care, in a group home, shelter care facility or foster care, your child will become eligible for BadgerCare Plus during their placement.  
*Note: Although your child may become eligible for BadgerCare Plus while living outside of the home, your private health insurance is still the primary insurer.*
  3. **No Insurance** – If the enrollee currently has no insurance:
    - a. Wraparound Milwaukee and your Coordinator will work with you to see if you qualify for any type of BadgerCare Plus services.
    - b. If you have no insurance and your child is placed out of the home, for example – in residential care, in a group home, shelter care facility or foster care, your child will become eligible for BadgerCare Plus during their time in placement.
  4. Enrollees in Wraparound Milwaukee who receive services through the Wraparound Milwaukee Provider Network will have no co-pay or out-of-home costs. If you receive a bill or are charged for a co-pay when you shouldn’t be, contact Wraparound Milwaukee.
  5. **For those children involved in the Wraparound Milwaukee REACH and CCS program ONLY:** Your child’s eligibility to be in REACH or CCS is based on his or her eligibility for Medicaid and/or Badger Care Plus. If your child’s eligibility for either of these programs changes, your Coordinator will work with you to transition to your prior or new behavioral healthcare plan.
  6. You may choose to disenroll at any time from the program and receive services from a BadgerCare Plus HMO or through Medicaid fee-for-service. You will sign paperwork indicating that you are choosing to disenroll from the program and you will receive a copy. The Milwaukee County DHHS-BHD Children’s Community Mental Health Services and Wraparound Milwaukee Program Fiscal Office at (414) 257-7597 can explain this process to you.

## HealthCheck

At your request, your Coordinator can help you schedule a HealthCheck exam with a doctor. HealthCheck is a preventive health check-up program for anyone under the age of 21, who is currently eligible for Wisconsin Medicaid or BadgerCare Plus. HealthCheck teaches you and or your child how to prevent illness and can find health problems early before they become serious. A HealthCheck exam may also make you eligible for some services not normally paid for.

HealthCheck will help you make an appointment for any follow-up care or treatment. HealthCheck can also help you find a doctor or dentist if you need one.

**A HealthCheck covers:**

- Head to Toe Physical Exam
- Immunizations (shots)
- Lab Tests
- Eye Exam
- Growth and Development Check
- Hearing Check
- Mouth/Dental Exam
- Nutrition Check (eating habits)
- Health Information
- Others Checks You Need

**How do I get HealthCheck?**

**Step 1:** Call toll free 1-800-722-2295 to find your nearest HealthCheck provider. If you are enrolled in an HMO, call them for information on HealthCheck.

**Step 2:** Make the HealthCheck appointment and attend.

**Step 3:** Follow the advice of your HealthCheck doctor, nurse or dentist and go to any follow-up care appointments.

**Step 4:** Stay healthy; plan to go to all future HealthCheck exams.

**Call Toll Free 1-800-722-2295 if you have any questions or problems with HealthCheck.**

## **Emergency Mental Health Care**

(For Situations that are Life Threatening)

If you need **emergency mental health services** and a Provider is not available, please follow these steps:

1. You may get treatment from a non-network Provider only if the mental health emergency is **life threatening if psychiatric treatment is not provided immediately**. The person or agency providing the service must call the Children’s Mobile Crisis (CMC) Office at (414) 257-7621, as soon as possible.
2. If there are **no risks of permanent damage to the enrollee’s health**, the person or agency must call the Children’s Mobile Crisis (CMC) Office at (414) 257-7621, before providing services.

## **In Case of an Emotional or Behavioral Crisis**

Crises are common for youth and young adults with many needs. You and your Team will create a 24-hour Crisis Plan. The Crisis Plan, with your permission, will often include the

Children’s Mobile Crisis (CMC) Team. The Crisis Plan will help you and all those involved with you or your child to know what to do if there is a crisis. Please follow the Crisis Plan that your Child & Family Team has established.

**How Can I Get Help with a Crisis?**  
You can call CMC at (414) 257-7621 – Anytime!

## Right to a Second Opinion

Enrollees in our program have the right to a second opinion from a qualified Provider Network Provider. If a qualified Provider is not available in the Network, arrangements will be made for a second opinion outside of the Network, at no charge to you.

## Complaints and Grievances

We want to make sure that you and your family receive the best care possible. If you are unhappy with the care you are receiving, we ask that you follow these steps:

1. Let your Coordinator know what you are not happy with, so that he or she can try to help you work it out.
2. If you are not comfortable telling your Coordinator about your concerns, you may call the Coordinator’s Supervisor. If you do not know the name or telephone number of your Coordinator’s Supervisor, you can call Wraparound Milwaukee at (414) 257-7610 to obtain the contact information.
3. If you are not happy with the help you received from your Coordinator or Coordinator’s Supervisor, you can call our Quality Assurance Department at (414) 257-7595 and ask to get some assistance or file a formal Complaint.
4. If you would like to give us your Complaint in writing, fill out the Complaint Form that you should have received in your Enrollment Packet and send it to Wraparound Milwaukee. If you need help filling out the Form, or you need a Form, you can call the Quality Assurance Department at (414) 257-7595.
5. If you are unhappy with how Wraparound Milwaukee staff handled your Complaint, you may file a Grievance. You can do this by calling the Quality Assurance Department at (414) 257-7595 for assistance or see the “Client Rights & Complaint/Grievance Procedure” document in the back of this Handbook for other options.

All those enrolled in our program have a right to:

- Appeal any Milwaukee County Children’s Community Mental Health Services and Wraparound Milwaukee or County Complaint decisions and/or to directly file a Complaint/Grievance with the State of Wisconsin – Department of Health Services or;
- Request a State Fair hearing with the State of Wisconsin – Division of Hearings & Appeals.

If you need assistance with filing a Complaint/Grievance with the State, you may call the BadgerCare Plus Ombuds at (800) 760-0001 (*see attached "Client Rights & Complaint/Grievance Procedure" document for details*).

If a formal, written Complaint/Grievance is about a Reduction or Denial of a covered service, and you file the Complaint/Grievance within 45 days of the decision to reduce or deny the service, then the following applies:

- a. If you **were not** receiving the service **prior** to the reduction/denial, we do not have to provide the service while the Complaint/Grievance is in process.
- b. If you **were** receiving the service **prior** to the Complaint/Grievance, then we will continue to provide the same level of service while the Complaint/Grievance is in process. However, we may require you to receive the service from within our Provider Network (*if you are not doing so already*).
- c. If our decision does not change, you may be responsible for paying for the services you received during the Grievance process.

## Advance Directives

(Age 18 or older only)

An Advance Directive is written instructions that describe your choices about the healthcare you want or do not want if you become unable to make your own healthcare decisions. An Advance Directive expresses your healthcare wishes based on your personal beliefs and values. Things that are considered include dying, lifesaving measures and the quality of life.

There are two types of Advance Directives. You can complete a Living Will or a Power of Attorney for Healthcare Document. If you are age 18 and older and have an Advance Directive, please let your Coordinator know. If you would like more information about creating an Advance Directive, you can talk to your Coordinator or go to the Wisconsin Department of Health Services at the following website: <http://www.dhs.wisconsin.gov/forms/advdirectives/>

## Special Requests

1. If you or a family member needs an Interpreter, please ask your Coordinator to get this service for you.
2. If you or a family member would need our materials/information in an alternative format, such as Braille or another language, please speak to your Coordinator.
3. If you or a family member has a specific disability, we will try to help you find the community supports that can help you.

These services will be provided free of charge

## Why We May No Longer Be Able to Provide Help to You?

1. Progress has been made in meeting the needs identified by you and your Team and you or your child no longer need help from our program.
2. You or your child have gotten as much help as possible from being involved in Wraparound Milwaukee.
3. The enrollee turns age 23.
4. You ask that you or your child be removed from the program and the Court Order (*if applicable*) states that it is okay to do so.
5. You and or your child choose not to sign the Plan of Care authorizing services.
6. On a daily basis, you and/or your child cannot or choose not to follow the Plan.
7. You or your child demand a treatment determined unnecessary by the Child & Family Team.
8. We cannot find you, your child and/or family for 30 days or more.
9. You no longer live in Milwaukee County.
10. The enrollee is placed in a correctional facility.
11. You feel that the care you are receiving is not adequate
12. You feel you do not have adequate access to services or experienced providers.
13. If you feel services are unavailable due to an objection on religious or moral grounds.

**Note: If you move out of Milwaukee County, please tell your Coordinator right away.**

## Website

To learn more about Wraparound Milwaukee, you can go to our Website at [wraparoundmke.com](http://wraparoundmke.com). Click on the Family/Youth tab.

## Location and Hours

Our offices are at 9455 Watertown Plank Road, Milwaukee, WI, 53226. Our office hours are from 8:00 a.m. to 4:30 p.m. on M, T, TH, F and until 5:30 p.m. on Wednesdays. Our office telephone number is (414) 257-7610.

If you have an urgent matter and need to reach someone after hours, please call our Children Mobile Crisis Team at (414) 257-7621. You can also choose to leave a message for us at our regular office number.

## Resource Phone Numbers

Resource and Referral Line  
(414) 257-7607

Children's Mobile Crisis (CMC)  
(414) 257-7621

### Wraparound Milwaukee Staff

Director – Mary Jo Meyers– (414) 257-7639

Associate Director – Stacy Kozel- (414) 257-7586

Finance Manager – Kenyatta Bryant – (414) 257-7597

Quality Assurance Director – Pamela Erdman – (414) 257-7608

Provider Network Manager – Theresa Randall- (414) 257-6302

Special Education Liaison – Chris Shafer – (414) 257-6799

MOVE Wisconsin/Owen's Place – Shannon Smith – (414) 977-4249

Transitional Services Manager- Rashaan Cherry- (414) 257-7578

CORE Referrals- Maria Castillo- (414) 257-4766

### Coordinator:

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

### Coordinator's Supervisor:

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

### Others:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for taking the time to read this Handbook. If you have any questions about what is in this Handbook, please ask your Coordinator.

**We welcome you to our program!**



# WRAPAROUND MILWAUKEE

## CLIENT RIGHTS and COMPLAINT/GRIEVANCE PROCEDURE

NOTE: There are additional rights within WI Statute 51.61(1) and WI Administrative Code DHS 94. These rights are not mentioned in this document because these rights are more applicable to inpatient and residential treatment facilities.

### CLIENT RIGHTS

When you receive any type of service for mental illness, alcoholism, drug abuse, or a developmental disability, you have the following rights under Wisconsin (WI) Statute 51.61(1) and WI Administrative Code DHS 94:

### PERSONAL RIGHTS

- You must be treated with dignity and respect and with due consideration to your privacy, free from any verbal, physical, emotional and sexual abuse or harassment.
- You have the right to have staff make fair and reasonable decisions about your treatment and care.
- You may not be treated unfairly because of your race, national origin, sex, age, religion, disability, sexual orientation, source of funding or marital status.
- You may not be made to work if that work is of financial benefit to a treatment facility/agency (except for personal housekeeping chores that you would normally perform in your own home). If you agree to do other work, you must be paid, with certain minor exceptions.
- You may not be filmed, taped or photographed unless you agree to it.
- You have the right to ask for an interpreter and have one provided to you as a covered service.
- You may make your own decisions about things like getting married, voting and writing a will, if you are over the age of 18, and have not been found legally incompetent.

### TREATMENT AND RELATED RIGHTS

- You must be provided prompt and adequate treatment, rehabilitation and educational services appropriate for you within the limits of the available funding.
- You must be allowed to participate in your treatment and care, including treatment planning.
- You must be informed of your treatment and care, including alternatives to and possible side effects of treatment, such as medication.
- No treatment or medication may be given to you without your written, informed consent, unless it is needed in an emergency to prevent serious physical harm to you or others, or a court orders it. (If you have a legal guardian, however, your guardian may consent to treatment and medications on your behalf.)
- You may not be given unnecessary or excessive medication.
- You may not be subject to any drastic treatment measures, such as psychosurgery, electroconvulsive therapy or experimental research without your written informed consent.
- You must be informed in writing of any costs of your care and treatment for which you or your relatives may have to pay.
- You must be treated in the least restrictive manner and setting.
- You have the right to be free from any form of restraint or seclusion used as a means of force, control, ease or reprisal.
- You have the right to receive information about treatment options, including the right to request a second opinion.
- You have a right to formulate Advance Directives.

### RECORD PRIVACY AND ACCESS

Under WI Statute 51.30 and WI Administrative Code DHS 92:

- Your treatment information must be kept private (confidential), unless the law permits disclosure.
- Your records may not be released without your consent, unless the law specifically allows for it.
- You may ask to see your records. You must be shown any records about your physical health or medications. Staff may limit how much you may see of your treatment records while you are receiving services. You must be informed of the reason(s) for any such limits. You may challenge the reason(s) through the grievance procedure.
- After disenrollment, you may see your entire treatment record, if you ask to do so.
- If you believe something in your record is wrong, you may challenge its accuracy. If staff will not change the part of your record you have challenged, you may put your own version in your record and/or file a grievance.

### COMPLAINT/GRIEVANCE PROCEDURE AND RIGHT OF ACCESS TO A STATE FAIR HEARING

- Before treatment starts, you must be informed of your rights and how to use the complaint/grievance procedure. A copy of Wraparound Milwaukee's Complaint and Grievance Policy and Procedure is available upon request.
- If you feel your rights have been violated, you may file a complaint/grievance. You may not be threatened or penalized in any way for presenting your concerns informally, by formally filing a complaint/grievance or by requesting a fair hearing with the State of WI.
- You and/or your representatives may present (orally or in writing) information about your grievance before or at the grievance meeting.

- You may enter into or move to any level of the “Compliant/Grievance Stages” procedure (listed on page 2), at any time, for any reason. For example: If you choose to file a complaint immediately with the County or the State of WI, and bypass the Wraparound Milwaukee’s Quality Assurance or Program Director’s Review stage, you have the right to do so.

## Complaint/Grievance Stages

### Informal Discussion (Optional)

- An informal resolution may be possible. You are encouraged to first talk with staff about your concerns. However, you do not have to do this step before filing a formal complaint/grievance with your service provider and/or Wraparound Milwaukee.

**See Level IV if you would like to file a complaint/grievance directly with the State of WI – Division of Hearing & Appeals**

### Level I - Complaint/Grievance Investigation (Formal)

- If you want to file a complaint, you should do so within 45 days of the time you became aware of the problem. Wraparound Milwaukee and its designees may grant an extension beyond the 45-day time limit for good cause. You may file your complaint/grievance verbally or in writing. If you file verbally, you must specify that you would like it to be treated as a formal grievance.
- You also have the right to file an Urgent Care/Expedited Grievance for those situations where the denial of services or referral for services could result in illness or injury, or where delay in care would jeopardize the enrollee’s mental health as determined by a medical provider.
- The assigned Client Rights Specialist (CRS – person who will deal with your complaint/Urgent Care/Expedited Grievance) will address/investigate your concern and attempt to resolve it within the identified time guidelines.
- You may file as many complaints/grievances as you want. However, complaints/grievances will usually only be investigated one at a time. The CRS may ask you to rank them in order of importance.
- Unless the complaint/grievance is resolved informally, the CRS will complete a report within 30 days from the date you filed the complaint. You will receive a written copy of the report.
- If you agree with the CRS’s report and recommendations, the recommendations will be put into effect within an agreed upon time frame.

**Wraparound Milwaukee  
Client Rights Specialist (CRS):**  
Wraparound Milwaukee  
Quality Assurance Department  
9455 Watertown Plank Road  
Milwaukee, WI 53226  
(414) 257-7595

**If the complaint/grievance is not resolved by the CRS’s report (Level I), you can file a grievance/appeal with the Program Director (Level II).**

### Level II - Program Director Review

- The Program Director (or designee) shall review your grievance/appeal and prepare a written decision within 10 days of receipt of the CRS’s report. You will be given a written copy of the decision.

**If you do not agree with the Program Director’s decision (Level II), you can file a grievance/appeal with Milwaukee County DHHS - Behavioral Health Division (BHD) (Level III).**

### Level III - County Review

- You may appeal to the Milwaukee County DHHS - Behavioral Health Division (BHD) Administrator. You must file this appeal within 14 days of the date you receive the Program Director’s decision. You may ask the Program Director to forward your complaint/grievance to the BHD Administrator or you may send it yourself to:  
*Milwaukee County DHHS, Behavioral Health Division  
Attn: BHD Administrator  
9455 Watertown Plank Rd.  
Milwaukee, WI 53226*
- BHD Administrator must issue a written decision within 30 days after you request this appeal.

**If your complaint/grievance went through the County Review (Level III) and you are dissatisfied with the decision, then you may appeal the decision to the State of Wisconsin – Department of Health Services (DHS) (Level IV).**

### Level IV - State Review

- You may appeal to the State of WI DHS. You must file this appeal within 14 days of the date you receive the County’s decision. You can file this appeal by:
  - Contacting Medicaid / BadgerCare Plus Ombuds at 1-800-760-0001. Ombuds will answer your questions, look into your complaints and help you file an appeal with DHS.
  - If you wish to file a complaint/grievance/appeal directly with the State of WI, Division of Hearings and Appeals (DHA) for a fair hearing, you may do so in writing to:  
*Department of Administration – Division of Hearings & Appeals  
P.O. Box 7875  
Madison, WI 53707-7875  
Fax: (608)264-9885*



- Your written request for a fair hearing should include: client's name, your mailing address, a brief description of the problem, the county that took the action or denied the service, client's social security number and client/legal guardian's signature.
- The hearing will be held in the county where you live. You will have the right to bring a representative/friend to the hearing. If you need special arrangements, such as for a disability or for translation, call (608) 266-3096.