

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



# 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

Updated: June 2023

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## Interpreter and Translation Services

**ATTENTION:** If you speak English, language assistance services are available to you free of charge. Call your Care Coordinator directly or call 1-833-912-2468 (TTY: 711)

**Español (Spanish) - ATENCIÓN:** Si habla español, tenemos servicios de asistencia lingüística disponibles de forma gratuita. Llame a su coordinador de atención directamente o bien llame al 1-833-912-2468 (TTY: 711)

**Hmoob (Hmong) - CEEB TOOM:** Yog koj hais lus Hmoob, muaj cov kev pab txhais lus pub dawb rau koj. Hu xov tooj ncaj nraim rau koj tus Neeg Khiav Hauj Lwm Muab Kev Kho Mob los yog hu rau 1-833-912-2468 (TTY: 711)

**မြန်မာစာ (Myanmar) (Burmese) - အထူးသတိပြုရန် - အကယ်၍ မြန်မာဘာသာစကားကို သင်ပြောဆိုနိုင်ပါက ဘာသာစကားဆိုင်ရာ ဝန်ဆောင်မှုများကို အခမဲ့ သင် ရရှိနိုင်ပါသည်။ သင့် စောင့်ရှောက်မှု ဆက်စပ်ဆောင်ရွက်ပေးသူ ထံသို့ တိုက်ရိုက် ဖုန်းခေါ်ဆိုပါ သို့မဟုတ်လျှင်လည်း 1-833-912-2468 (TTY: 711) သို့ ခေါ်ဆိုပါ။**

**Chinese**注意：如果您使用中文，那么您可以免费获得语言协助服务。请直接联系您的护理协调员，或致电 1-833-912-2468 (TTY: 711)。

Children’s Community Mental Health Services and Wraparound Milwaukee:

- Provides free aids and services to people to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please contact your Care Coordinator directly or call 1-833-912-2468 (TTY: 711).



# 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-BHS 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 Care Coordinator will be talking with you about this Handbook.

## What is Milwaukee County DHHS-BHS 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 Care Coordinator and may include people such as: family, friends, community supports, Division of Milwaukee Child Protective Service Worker or Human Service Worker, teachers, therapists and other mental health providers.

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

## 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 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, gender identity, disability, national origin, marital status, arrest or conviction record, or military participation. We will not use policies that discriminate against these groups.

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

We have a Children's Intake Team that will meet with you. These Options Counselors 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-BHS 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 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; 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 Care Coordinator on a regular basis, maintaining communication with your Child & Family Team, and participating in meetings and agreed upon services. During 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 Care Coordinator trainings. Your input is highly valued and very important! If you would like to become involved in helping, please connect with your Care Coordinator.

## You & Your Care Coordinator

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

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

1. The Plan of Care 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. Support may be sought through services from "Providers" in our Provider Network and/or voluntary or free services or supports available from your family or the community.
3. You will then put your Plan of Care into action and begin partnering closely with your Care Coordinator and Child & Family Team to see how the Team is doing on the Plan of Care. Changes to the Plan of Care 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 Care Coordinator any questions you may have about your Plan of Care.

## Changing Care Coordinators

We realize there may be a time when you, a family, or Child & Family Team feels they need to request a new Care Coordinator. Prior to changing Care Coordinators, we encourage the Child & Family Team to have a meeting to discuss why they want a new Care Coordinator. If it is decided that a new Care 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 it's the best time to transition Care Coordinators.

## Funding Sources & Providers

A combination of state and county agencies, including the Division of Milwaukee Child Protective Services (DMCPS), Children, Youth and Family Services (CYFS), 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 Services, Children's Community Mental Health Services and 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, DMCPS or CYFS. 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.

To locate Providers within our Provider Network, you can go to our Resource Guide at: <https://wraparoundresourceguide.milwaukee.gov/ProviderSearch/index.html#/selection>

On the Resource Guide, you will be able to see who the Providers are, if they are accepting referrals, languages they speak, other qualifications/specialties and interests, and their agency website and phone numbers. Please contact your Care Coordinator for additional support in reviewing the Resource Guide and identifying who you would like referrals to go to. Your Care Coordinator is responsible for completing these referrals.

If you are in need of a paper copy of the Provider Directory/Resource Guide, you can obtain one, free of charge within five (5) business days by calling our Toll-Free Number at 1-833-912-2468 (TTY: 711). You can also click on the "Vendor Directory" tab located on the main page under "Other Resources".

## 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 (7233). They must also report any reported or suspected neglect,

physical and/or emotional abuse, financial exploitation and/or inability to care for oneself (for those over the age of 18) to Milwaukee County Disabilities Services at 414-289-6660. For additional information and other exceptions, please refer to the the Privacy Notice in your Welcome Packet or online at <https://county.milwaukee.gov/files/county/DHHS/BHD/Wraparound/Privacy-Practices.pdf>.

## Family Advocacy

Essential to the success of our program are our partnerships with and commitment to empower and strengthen families. Children’s Community Mental Health Services and 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 Care Coordinator for assistance in accessing this support.

## Special Education Advocacy

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 Special Education Liaison, at 414-257-6799.

## Family Satisfaction

In addition to the forms that your Care 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. We want to ensure you receive the best care possible while you and/or your child are 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 **mental health and alcohol and drug-related services, including inpatient psychiatric hospitalization 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, by calling your Care Coordinator or 1-833-912-2468 (TTY: 711).**

For all programs, if the enrollee is currently working with any mental health or substance abuse providers, let your Care Coordinator know about this during your first meeting. They can verify whether that provider is in the Wraparound Milwaukee Provider Network.

1. **BadgerCare Plus (HMO)** – 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, urgent care, or dental services** as they have in the past (*such as primary care services, pharmacy, prescriptions, medical emergencies, medical doctor appointments, dental services, urgent care needs, family planning services, care during pregnancy or delivery, vision appointments and services, autism treatment services, chiropractic services etc.*).



You may get the above services from a Medicaid-enrolled Provider who will accept your ForwardHealth card. To find a Medicaid-enrolled Provider:

Go to [www.forwardhealth.wi.gov](http://www.forwardhealth.wi.gov)

- Click on the Members link or icon in the middle section of the page.
- Scroll down and click on the Resources tab.
- Click on the Find a Provider link.
- Under Program, select BadgerCare Plus.

Or you can call ForwardHealth Member Services at 1-800-362-3002.

- 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 HMO.
2. **Private Health Insurance** – If the enrollee currently has Private Health Insurance:
    - a. Please provide a copy of your private health insurance card to your Care 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 Care Coordinator will work with you to see if you qualify for any type of BadgerCare Plus services.
  4. Under BadgerCare Plus, Wraparound Milwaukee HMO , and CCS, you do not have to pay for covered services other than possible required copayments. The amount of your copay cannot be greater than it would have been in fee-for-service. To help ensure that you are not billed for services, you must see a provider in the Wraparound Provider Network. The only exception is for emergencies. If you are willing to accept financial responsibility and make a written payment plan with your provider, you may ask for noncovered services. Providers may bill you up to their usual and customary charges for noncovered services.  
  
If you get a bill for a service you did not agree to, please call 1-833-912-2468 (TTY: 711).
  5. **For most youth enrolled in the Wraparound Milwaukee REACH and CCS program:** Your child's eligibility to be in REACH or CCS is based on their eligibility for Medicaid and/or Badger Care Plus. If your child's eligibility changes, your Care Coordinator will work with you to transition to your prior or new behavioral healthcare plan.
  6. **For youth in CCS:** any therapist that will be a part of your services, **must** be within the Youth CCS Provider Network. There are additional services within the Network that you can choose from or you can utilize your ForwardHealth Card for other services.
  7. 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. Your Care Coordinator can assist you and help explain this process to you.

## HealthCheck

HealthCheck is a program that covers complete health checkups, including treatment for health problems found during the checkup, for members younger than 21 years old. These checkups are very important. Doctors need to see those younger than 21 years old for regular checkups, not just when they are sick.

The HealthCheck program has three purposes:

1. To find and treat health problems for those younger than 21 years old.
2. To increase awareness of the special health services for those younger than 21 years old.
3. To make those younger than 21 years old eligible for some health care not otherwise covered.

The HealthCheck checkup includes:

- Age appropriate immunizations (shots)
- Blood and urine lab tests (including blood lead level testing when age appropriate)
- Dental screening and a referral to a dentist beginning at 1 year old
- Health and developmental history
- Hearing screening
- Physical examination
- Vision screening

### How do I get a 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.**

## Medical/Mental Health Services Outside of Wisconsin (HMO only)

Children's Community Mental Health Services and Wraparound Milwaukee does not cover any services outside Milwaukee County/the State of Wisconsin, including medical/mental health emergency services provided in other States, Canada, and Mexico. If you do need mental health emergency services while in Canada or Mexico, we may cover the service only if the doctor's or hospital's bank is in the United States. Other services may be covered with our approval if the provider has a U.S. bank. Please call us ASAP if you get any emergency services outside the United States.

If you get a bill for services, call us at 1-833-912-2468 (TTY: 711) immediately.

## 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/agency providing the service, or you, must call Children's Community Mental Health Services and Wraparound Milwaukee emergency authorization at 1-833-912-2468 (TTY: 711) as soon as possible.
2. If there are **no risks of permanent damage to the enrollee's health**, the person or agency must call 1-833-912-2468 (TTY:711), before providing services.  
\*For Youth in CCS, this will be approved through your health insurance, and not through the emergency authorization line above.

## 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, within the first week of meeting you. The Crisis Plan, with your permission, will often include the Milwaukee Mobile Crisis 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 Milwaukee Mobile Crisis at 414-257-7222 – Anytime!

## Transportation

Non-emergency medical transportation (NEMT) is available through the DHS NEMT manager. The NEMT manager arranges and pays for rides to covered services for members who have no other way to receive a ride. Non-emergency medical transportation can include rides using:

- Public transportation, such as a city bus
- Non-emergency ambulances
- Specialized medical vehicles
- Other types of vehicles, depending on a member's medical and transportation needs

Additionally, if you use your own private vehicle for rides to and from your covered health care appointments, you may be eligible for mileage reimbursement.

You must schedule routine rides at least two business days before your appointment. You can schedule a routine ride by calling the NEMT manager at 1-866-907-1493 (or TTY 711), Monday through Friday, from 7:00 a.m. until 6:00 p.m. You may also schedule rides for urgent appointments. A ride to an urgent appointment will be provided in three hours or less. If you need assistance, please let your Care Coordinator know and they can help you.

If you are having a medical emergency and need immediate care, you should seek appropriate emergency medical transportation, i.e. - by ambulance, specialized medical vehicle (SMV) or county-approved or tribe-approved common carrier.

## Right to Records

You have the right to ask to see or for copies of your medical records from Children's Community Mental Health Services and Wraparound Milwaukee or your provider(s). Staff may limit how much you 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.. Please call Quality Assurance at 414-257-7600. Please note that you may have to pay for a copy of your medical records. You have the right to request that your medical records be corrected or amended if you believe something in your record is inaccurate.

## 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.

## Moral or Religious Objection

Children's Community Mental Health Services and Wraparound Milwaukee will inform you of any covered Medicaid benefits which are not available through our program because of an objection on moral or religious grounds. We will inform you about how to access those services through the State.

## Grievances and Appeals

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 Care Coordinator know what you are not happy with, so that they can try to help you work it out.
2. If you are not comfortable telling your Care Coordinator about your concerns, you may call the Care Coordinator's Supervisor. If you do not know the name or telephone number of your Care Coordinator's Supervisor, you can call Children's Community Mental Health Services and Wraparound Milwaukee at 414-257-7639 to obtain the contact information.
3. If you are not happy with the help you received from your Care Coordinator or Care Coordinator's Supervisor, you can call our Client Rights Specialist at 414-257-7600 and ask to get some assistance or file a formal grievance or appeal. You may be asked to start your grievance process at the agency level, based on which program and service you are in. The Client Rights Specialist can assist with this guidance.
4. If you would like to give us your grievance in writing, fill out the Grievance Form that you should have received in your Enrollment Packet and send it to Children's Community Mental Health Services and Wraparound Milwaukee. If you need help filling out the Form, or you need a Form, you can call the Client Rights Specialist at 414-257-7600. In addition, the form is found electronically on our website.
5. When a grievance is investigated by Children's Community Mental Health Services and Wraparound Milwaukee, you will receive an outcome letter with additional next steps to follow if you are not satisfied with the outcome or how your grievance was handled.

For the HMO: If you need assistance with filing a Grievance or Appeal with the State, you may call the BadgerCare Plus Ombuds at (800) 760-0001 (see “Client Rights & Grievance and Appeal Procedure” document for further information).

If an appeal is filed, for the HMO, due to a Reduction or Denial of a covered service, and you file the appeal within 60 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 Appeal is in process.
- b. If you **were** receiving the service **prior** to the Appeal, then we will continue to provide the same level of service while the Appeal 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 Appeal process.
- d. An Appeal must first come through us. If the decision does not change, you have a right to request a State Fair Hearing with the State of Wisconsin- Division of Hearings & Appeals.

**NOTE: See attached Client Rights and Grievance/Appeals Procedure for more information.**

## 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 Care Coordinator know. If you would like more information about creating an Advance Directive, you can talk to your Care 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 Care Coordinator or call 1-833-912-2468 (TTY: 711). This can include oral interpretation, sign language, and/or written translation.
2. If you or a family member would need our materials/information in an alternative format, such as Braille, large print or another language, please speak to your Care Coordinator or call 1-833-912-2468 (TTY: 711).
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.

**Note: These services will be provided free of charge, within 5 business days.**

## Fraud and Abuse

If you suspect fraud or abuse of the Medicaid program, you may report it. Please call Children’s Community Mental Health Services and Wraparound Milwaukee Client Rights Specialist at 414-257-7600 or you can report online to [www.reportfraud.wisconsin.gov](http://www.reportfraud.wisconsin.gov).

## 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 Children's Community Mental Health Services and Wraparound Milwaukee.
3. The enrollee turns 19 if in the HMO, or 23 in CCS.
4. The enrollee no longer meets eligibility requirements
5. 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.
6. You and /or your child choose not to sign the Plan of Care authorizing services.
7. On a daily basis, you and/or your child cannot or choose not to follow the Plan of Care.
8. You or your child demand a treatment determined unnecessary by the Child & Family Team.
9. We cannot find you, your child and/or family for 30 days or more in the HMO or 90 days or more in CCS.
10. You no longer live in Milwaukee County.
11. The enrollee is placed in a correctional facility.
12. You feel that the care you are receiving is not adequate
13. You feel you do not have adequate access to services or experienced providers.
14. If you feel services are unavailable due to an objection on religious or moral grounds.

**Note: If you plan to or do move out of Milwaukee County, please tell your Care Coordinator right away.**

### Website



To learn more about Children's Community Mental Health Services and Wraparound Milwaukee, you can go to our Website at: <https://county.milwaukee.gov/EN/DHHS/BHD/Childrens-Community-Mental-Health-Services>

### Location and Hours

Our offices are located at 1220 West Vliet Street, Milwaukee, WI, 53205. Our office hours are from 8:00 a.m. to 4:30 p.m. Monday through Friday. Our office telephone number is 414-257-7639. You can also choose to leave a message for us at our regular office number.

If you have an urgent matter and need to reach someone after hours, please call Milwaukee Mobile Crisis Team at 414-257-7222.

**Thank you for taking the time to read this Handbook. If you have any questions about what is in this Handbook, please ask your Care Coordinator. We will notify you of any changes to this Handbook at least 30 days in advance, in writing.**

**We welcome you to our program!**

## Resource Phone Numbers

Resource and Referral Line 414-257-7607

Monday through Friday 8 am to 4:30 pm

Messages can be left after hours and will be returned the following business day.

Milwaukee Mobile Crisis 414-257-7222

### Children's Community Mental Health Services & Wraparound Milwaukee Staff

Director –414-257-7158

Associate Director –414-257-7549

Wraparound/REACH Program Manager- 414-257-7633

CCS Program Manager- 414-257-7630

Quality Assurance Manager –414-257-7595

Provider Network Manager –414-587-1478

### Care Coordinator's Information:

Name: \_\_\_\_\_

Agency and Phone Number: \_\_\_\_\_

### Care Coordinator's Supervisor Information:

Name: \_\_\_\_\_

Agency and Phone Number: \_\_\_\_\_

### Agency After Hours Coverage Plan and Contact:

\_\_\_\_\_

### Others' Information:

\_\_\_\_\_



**Milwaukee County DHHS-BHS**  
**Children's Community Mental Health Services and Wraparound Milwaukee**

**CLIENT RIGHTS and GRIEVANCE/APPEAL PROCEDURE**

**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:

**NOTE:** There are additional rights under WI 51.61 and WI Administrative Code DHS 94; these rights are not mentioned in this document because they are more applicable to inpatient and residential treatment facilities.

**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 age, race, religion, color, disability, sex, sexual orientation, gender identity, disability, national origin, marital status, arrest or conviction record, or military participation.
- 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.
- You have the right to information about our providers including the provider's education, board certification, and recertification.
- You have the right to ask if we have special financial arrangements with our providers that can affect the use of referrals and other services you might need.
- Upon enrollment, you have the right to know if your current provider is in our Network and if services may continue with them while in our program.
- You have the right to be free to exercise your rights without adverse treatment by Children's Community Mental Health Services and Wraparound Milwaukee and its network providers.



- All medically necessary covered services are available and will be provided in the same manner to all members. All persons or organizations connected with Children’s Community Mental Health Services and Wraparound Milwaukee that refer or recommend members for services shall do so in the same manner for all members.

### **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.

**If you have any questions about your rights, you can contact the Client Rights Specialist at 414-257-7600.**

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

**Grievance-** an expression of dissatisfaction about any matter other than an adverse benefit determination. Grievances may include, but are not limited to, the quality of care of services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the member's rights regardless of whether remedial action is requested. Grievance includes a member's right to dispute an extension of time proposed by the Health Plan to make an authorization decision.

**Appeal-** a review by the Health Plan of an adverse benefit determination (i.e. reduction, denial, suspension, limitation, termination of previously authorized services, untimely services).

- Before treatment starts, you must be informed of your rights and how to use the grievance/appeal procedure. A copy of Children’s Community Mental Health Services and Wraparound Milwaukee’s Grievance and Appeals Policy and Procedure is available upon request.
- If you feel your rights have been violated, you may file a grievance. You may not be threatened or penalized in any way for presenting your concerns informally, by formally filing a grievance or by requesting a State 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, if requested.
- You may file a grievance or an appeal at any time. You will not be treated differently from other members because you file a grievance or an appeal. Your health care benefits will not be affected.

### **GRIEVANCE AND APPEAL 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 grievance or appeal.

#### **Formal Process for Grievance (HMO)**

- You may file your grievance verbally or in writing. If you file verbally, you must specify that you would like it to be treated as a formal grievance. If the service is not covered under the HMO, the Client Rights Specialist will guide you through the process of filing your grievance with the Provider Agency first.
- You may file as many grievances as you want. However, grievances will usually only be investigated one at a time. We may ask you to rank them in order of importance.
- Unless the grievance is resolved informally, an investigation and report will be completed within 30 days from the date the grievance was received. You will receive a written copy of the report. If additional time is needed, you will be informed verbally and in writing about the need for additional time (not to exceed 45 days).

- If you agree with the report and recommendations, the recommendations will be put into effect within an agreed upon timeframe.
- If you are not satisfied with how your grievance was handled or the outcome, you have the right to file an appeal to the Children's Community Mental Health Services and Wraparound Milwaukee Director (Level II), Milwaukee County Behavioral Services Administrator (Level III), or State of WI DHS (Level IV). Additional information about the next level of Appeals will be distributed in the Decision Letter that will be sent out. The address to file a grievance with the State of WI DHS is:

**For Wraparound/REACH (HMO):**

BadgerCare Plus and Medicaid SSI  
 Managed Care Ombuds  
 P.O. Box 6470  
 Madison, WI 53716-0470  
 1-800-760-0001

**Formal Process for Appeals (HMO)**

- You may file your appeal verbally or in writing.
- Appeals **must** come to Children's Community Mental Health Services and Wraparound Milwaukee first and within 60 days of an Adverse Benefit Determination Notice being sent. Appeals will be reviewed by the Senior Management Team and a decision letter will be sent to you within 30 days.
- You also have the right to file an Expedited Resolution of Appeal 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.
- For Appeals due to an adverse benefit determination, a State Fair Hearing may only be requested after receiving notice that Children's Community Mental Health Services and Wraparound Milwaukee is upholding the adverse benefit determination. The request for a State Fair Hearing must be filed within 90 days of receiving the outcome from Children's Community Mental Health Services and Wraparound Milwaukee.
- You will not be treated differently from other members because you request a State Fair Hearing. Your health care benefits will not be affected.
- If you want a State Fair Hearing, send a written request to:  
 Department of Administration  
 Division of Hearings and Appeals  
 P.O. Box 7875  
 Madison, WI 53707-7875

**Formal Process for Grievance (CCS, Non-HMO Services)**

- You may file your 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 may file as many grievances as you want. However, grievances will usually only be investigated one at a time. We may ask you to rank them in order of importance.
- Unless the grievance is resolved informally, an investigation and report will be completed within 30 days from the date the grievance was received. You will receive a written copy of the report. If additional time is needed, you will be informed verbally and in writing about the need for additional time (not to exceed 45 days).
- If you agree with the report and recommendations, the recommendations will be put into effect within an agreed upon timeframe.
- There are up to four (4) levels to the Grievance process. You must begin at Level I of the process, which is with the Provider Agency.
- If you are not satisfied with how your grievance was handled or the outcome at Level I, you have the right to file an appeal to Children's Community Mental Health Services and Wraparound Milwaukee (Level II). At the outcome of the decision of Level II, information on Level III would be provided.