

Status **Active** PolicyStat ID **12290210**



Date Issued 9/18/2002

Last Approved Date 9/7/2022

Effective Date 9/1/2022

Last Revised Date 9/7/2022

Next Review 12/31/2024

Owner Dana James

Policy Area Wraparound (Wrap, REACH, youth CCS)- Administration

#042- Client Rights

I. POLICY

It is the policy of Children's Community Mental Health Services and Wraparound Milwaukee (hereby referenced as Wraparound Milwaukee) that the rights of every client be honored and respected regarding their personal well-being and the provision of services.

Per Wisconsin Statute 51.61 and Wisconsin Administrative Code DHS 94, if you receive any type of services for mental illness, alcoholism, drug abuse or a developmental disability, a client has certain rights.

Note: This policy utilizes the term "Care Coordinator", which applies to Wraparound, REACH, CCS, and Youth Connect Care Coordinators and FISS Case Managers.

II. PROCEDURE

- A. **All clients must be informed of their rights verbally and in writing.**
- B. **Care Coordinators are responsible for the following:**
 - 1. Distributing the "Client Rights and Grievance/Appeal Procedure" handout (*Attachment #1*).
 - 2. Explaining the "Client Rights and Grievance/Appeal Procedure" information to the client and/or parent/legal guardian.
 - 3. Obtaining the signature of the client and/or parent/legal guardian on the Wraparound Milwaukee Consent/Acknowledgement Form (*found on Frequently Used Forms*).
 - **This process must occur within 7 days of enrollment.**

C. Instructions for Care Coordinators when informing clients of their legal rights

1. Provide the client/legal guardian with a copy of the "Client Rights and Grievance/ Appeal Procedure" handout (*Attachment #1*)
2. Ask the client/legal guardian to read the "Client Rights and Grievance/Appeal Procedure" handout, providing assistance as needed.
3. Ask the client/legal guardian if they understand their rights. Encourage the client/ legal guardian to ask questions and to bring up any concerns they may have about their rights. Discuss the client/legal guardian's questions or concerns with them. If you are unable to answer the questions, encourage the client/legal guardian to contact the Wraparound Milwaukee Quality Assurance Department at the number listed on the handout.
4. Ask the client/legal guardian to initial, sign and date the Wraparound Milwaukee Consent/Acknowledgment Form. Explain to the client/legal guardian that signing this form indicates that they have:
 - A. Received the "Client Rights and Grievance/Appeal Procedure" handout
 - B. Been given the opportunity to have the "Client Rights and Grievance/ Appeal Procedure" read to them.
5. Sign and date the Wraparound Milwaukee Consent/Acknowledgment Form (witness signature).
6. Upload the form in Synthesis under the Release/Consent section, coded as 'Consent/Acknowledgement Form'

D. Special Instructions for Non-English speaking clients

It is important that clients/legal guardians be informed of their rights in a language that they can understand. If the client/legal guardian is non-English speaking, an interpreter, who can effectively and appropriately convey the information to the client/legal guardian, must be provided.

E. The Consent/Acknowledgement Form expires one year after the date the form is signed.

At the time or prior to the date the form has expired, the Care Coordinator **must** verbally inform the client/legal guardian of their rights again. The client/legal guardian may request another copy of the "Client Rights and Grievance/Appeal Procedure" handout. A "Client Rights and Grievance/Appeal Procedure" handout **must** be provided if there has been a statutory change in any of the rights since the initial signing. The Consent/Acknowledgement Form must be completed on an annual basis when the youth is enrolled in the program.

F. Providers must also follow Wisconsin Administrative Code DHS 94 and Wisconsin Statute Chapter 51 laws and guidelines, as applicable.

Clients are given a copy of the "Client Rights and Grievance/Appeal Procedure" handout upon their enrollment into Wraparound Milwaukee and sign the Consent/Acknowledgement Form on an annual basis. The forms were written to encompass the services a client/family may receive through the Wraparound Milwaukee or Youth CCS Provider Networks, Provider Agencies are not required to have clients sign another Consent/Acknowledgement Form unless the provider chooses to do so.

Wraparound Milwaukee Client Rights Specialist
Laura Pittman
414-257-7600, option 1

III. REFERENCES

1. Wisconsin Statute 51.61 Patient Rights: <https://docs.legis.wisconsin.gov/statutes/statutes/51/61>
2. Wisconsin Administrative Code DHS 94: http://docs.legis.wisconsin.gov/code/admin_code/dhs/030/94.pdf
3. Wisconsin Statute 5130 Records: <https://docs.legis.wisconsin.gov/statutes/statutes/51/30>

Attachments

1: Client Rights and Grievance/Appeal Procedure

Approval Signatures

Step Description

Approver

Date

Michael Lappen: BHD
Administrator

9/7/2022

Brian McBride: ExDir2 –
Program Administrator

8/31/2022

Dana James: Integrated
Services Manager- Quality
Assurance

8/31/2022

Dana James: Integrated
Services Manager- Quality
Assurance

8/31/2022



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, option 1.

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 enter into or move to any level of the "Grievance Stages" procedure at any time, for any reason. For example: If you choose to file a grievance immediately with the County or the State of WI and bypass the Children's Community Mental Health Services and Wraparound Milwaukee's Quality Assurance or Program Director's Review stage, you have the right to do so.
- 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 Appeals 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

- 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.

- 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 I), Milwaukee County Behavioral Services Administrator (Level II), or State of WI DHS (Level III). Additional information about the next level of Appeal 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 and REACH (HMO):

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

For Other Programming (CCS, FISS, Youth Connect, etc.):

Wisconsin Department of Health Services
 Client Rights Office
 PO Box 7851
 Madison, WI 53707-7851

Formal Process for Appeals

- 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

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)

နွှာ ျမန္မာစာ (Myanmar)(Burmese) - အထူးသတိပြုရန် - အကယုၣ် ျမန္မာဘာသာစကားကို သင့်ျေဟဆိုးိငွါက ဘာသာစကားဆိုဣာ ဝနံ့ဆောဣးမ်းကို အခမဲ့ သင့် ရရှိးိငွါသညှ။ သင့့် စောင့့်ရွာကွး ဆကွပဆောငြကပေးသထံသို၊ တိုကွါက ဖုနးခေင့်ဆိုပါ သို၊ မဟုတ်ညှး 1-833-912-2468 (TTY: 711) သို၊ ခေင့်ဆိုပါ