



Date Issued: 9/18/2002
Last Approved Date: 1/10/2018
Last Revised Date: 1/2/2018
Next Review: 1/10/2020

Owner: Dana James:
21011004-Quality
Assurance Coordinator
Policy Area: Wraparound (REACH,
O'YEAH)-Administration

References:

#042- Client Rights

POLICY

It is the policy of 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.

PROCEDURE

- A. All clients must be informed of their rights verbally and in writing.**
- B. Care Coordinators/Transition Coordinators are responsible for the following:**
1. Distributing the "Client Rights and Complaint/Grievance Procedure" handout (*Attachment #1*)
 2. Explaining the "Client Rights and Complaint/Grievance 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/Transition Coordinators when informing clients of their legal rights**
1. Provide the client/legal guardian with a copy of the "Client Rights and Complaint/Grievance Procedure" handout (*Attachment #1*)
 2. Ask the client/legal guardian to read the "Client Rights and Complaint/Grievance 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/Acknowledgement Form". Explain to the client/legal guardian that signing this form indicates that he/

she has:

- A. Received the "Client Rights and Complaint/Grievance Procedure" handout
- B. Been given the opportunity to have the "Client Rights and Complaint/Grievance Procedure" read to him/her.

5. Sign and date the "Wraparound Milwaukee Consent/Acknowledgment Form" (witness signature).

6. Upload the form in Synthesis under the Release/Consent section.

D. Special Instructions for Non-English speaking clients

It is important that clients/legal guardians be informed of his or her rights in a language that he or she 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 "Wraparound Milwaukee 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/Transition Coordinators **must** verbally inform the client/legal guardian of their rights again. The client/legal guardian may request another copy of the "Client Rights and Complaint/Grievance Procedure" handout. A "Client Rights and Complaint/Grievance 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 in the Wraparound Provider Network 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 Complaint/Grievance Procedure" handout upon their enrollment into Wraparound Milwaukee and sign the "Wraparound Milwaukee Consent/Acknowledgement Form" form on an annual basis. The forms were written to encompass the services a client/family may receive through the Wraparound Provider Network, Provider Agencies are not required to have clients sign another Consent/Acknowledgement Form unless the provider chooses to do so.

REFERENCES

- 1. [Wisconsin Statute 51.61 Patient Rights: https://docs.legis.wisconsin.gov/statutes/statutes/51/61](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](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](https://docs.legis.wisconsin.gov/statutes/statutes/51/30)

Attachments:

1: [Client Rights and Complaint/Grievance Procedure](#)

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: 11008000-BHD Administrator	1/10/2018
	MaryJo Meyers: 11003003-Director Wraparound Program	1/9/2018
	Pamela Erdman: 12008005-Placement Resources Manager	1/8/2018
	Dana James: 21011004-Quality Assurance Coordinator	1/5/2018



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.