

 WRAPAROUND MILWAUKEE POLICY & PROCEDURE	Date Issued: 9/18/02	Reviewed: 12/29/2014 By: HCS Last Revision: 12/29/2014	Section: All (Supervisory, Care Coordinator, Vendor, Provider Network)	Policy No: 042	Pages: 1 of 2 (6 Attachments)
	<input checked="" type="checkbox"/> Wraparound <input checked="" type="checkbox"/> Wraparound-REACH <input type="checkbox"/> FISS <input checked="" type="checkbox"/> Project O-Yeah	Effective Date: 01/01/2015	Subject: CLIENT RIGHTS		

I. 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 (Attachment #1) and Wisconsin Administrative Code [DHS 94](#) (Attachment #2), if you receive any type of services for mental illness, alcoholism, drug abuse or a developmental disability, a client has certain rights.

II. 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 #4*)
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” (*Attachment #5*) or the “Project O-YEAH Consent for Treatment” form (*Attachment #6*)
 - **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 #4*)
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/Acknowledgment Form” for Wraparound/REACH clients (*Attachment #5*) or the “Project O-YEAH Consent for Treatment” form for O-YEAH clients (*Attachment #6*). 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) or the “Project O-YEAH Consent for Treatment” form (witness signature).
6. Put the form in the “Consent” section of the client’s chart.

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” and the “Project O-YEAH Consent for Treatment” form expire 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” **or “Project O-YEAH Consent for Treatment” form for O-YEAH clients** 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/REACH/O-YEAH and sign the “Wraparound Milwaukee Consent/Acknowledgement Form” or “Project O-YEAH Consent for Treatment” 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.

Reviewed & Approved by: Bruce Kamradt
Bruce Kamradt, Director