

BEHAVIORAL HEALTH SERVICES RECERTIFICATION APPLICATION

DHS 94 - Patient Rights and Resolution of Patient Grievances

DHS 92 – Confidentiality of Treatment Records

INTRODUCTION

As a certified provider of mental health and/or community substance abuse services, entities and employees have acknowledged their understanding and observation of patient rights. Providers have voluntarily affirmed that the entity and its employees will maintain a system for the resolution of patient grievances and will protect patient confidentiality. Agency efforts, not periodic program reviews, are the essential elements in maintaining compliant systems and quality assurance processes.

The purpose of this appendix is to assure that each provider maintains policies and procedures for patient rights and for grievance resolution in compliance with DHS 94 and that confidentiality of patient treatment is maintained per DHS 92. Since certification is voluntary, the intent of this tool is to promote internal evaluations of compliance and to encourage quality improvements. Providers may either affirm program compliance or establish voluntary plans of corrective action to avoid citations of non-compliance. Behavioral Health Certification Section (BHCS) staff will sample and review patient rights and informed consents as a regular part of on-site surveys.

The Department assures that patients share responsibility in the process of recovery from their mental illnesses and/or from their substance abuse conditions through informed consents to treatment and by understanding their patient rights. Patients may be expected to relapse, have periods of increased symptoms, or experience a crisis during the course of treatment, none of which necessarily speaks ill of the treatment provided. However, the entity assumes greater risk when systems fail to assure a patient is mindful of their patient rights or when time-limited informed consents for treatment or medications expire.

Most clinics have few complaints or patient grievances and resolution processes may become ineffective from inactivity. A regular review encourages an objective and prepared system for grievance resolution. Respectful, informal resolutions and organized formal processes reduce a clinic's risk of alienating consumers, minimizes the expenses of complaint resolution, and reduces the risk of adjudication.

Wisconsin Administrative Codes for the Department of Health Services are available through the Legislative Reference Bureau website at: <http://www.legis.state.wi.us/rsb/code/codtoc.html>

- DHS 94 Patient Rights and Resolution of Patient Grievances: <http://www.legis.state.wi.us/rsb/code/dhs/dhs094.pdf>
- DHS 92 Confidentiality of Treatment Records: <http://www.legis.state.wi.us/rsb/code/dhs/dhs092.pdf>

INSTRUCTIONS

- Complete the face page in its entirety.
- Answer each question. The applicant is provided a checkbox that, when used, is an assurance that the program is in compliance with state administrative code.
 - If the question cannot be answered using the checkbox, enter or attach a brief explanation and/or plans for corrective action when warranted.
 - Attach brief explanations and only forms or policies that have been revised. BHCS surveyors do not want complete policies and procedures.
- Corrective action plans include: what will be done, who will do it, when it will be completed, and how it will be monitored for compliance.
- Sign the face page and return all pages and attachments to the address on the application checklist.
- Keep a copy for your records.

If you have questions about completing this application or constructive suggestions for improvements to this form, contact:

DQA / Behavioral Health Certification Section
(608)261-0657

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DHS 94 - Patient Rights and Resolution of Patient Grievances

DHS 92 – Confidentiality of Treatment Records

By completing and submitting this form, the program provider affirms that it is in compliance with the patient rights and informed consent standards required under Chapter 51, Wisconsin State Statutes, and DHS 92 and DHS 94, Wisconsin Administrative Codes.

ENTITY INFORMATION

Name – Facility	Certification No.
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Facility Address - Physical

City	State	Zip Code	County
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Facility Address - Mailing	City	State	Zip Code
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Name - Facility Contact	Telephone No.	FAX No.
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E-mail Address

Name - Client Rights Specialist (CRS)	Telephone No.	Fax No.
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E-mail Address

Type of Certified Programs (*Check all that apply.*)

- A. Inpatient / Residential B. Other than Inpatient / Residential

IMPORTANT

Does your agency have a contract with the 51.42 / Human Services Board?

- No Yes

Type of Certified Programs (*Check all that apply.*)

- A. Inpatient / Residential
 B. Other than Inpatient / Residential

ATTESTATION

I hereby attest that all statements made in this application and in any attachments are true and correct to the best of my knowledge and that I will comply with all laws, rules, and regulations governing mental health and alcohol and other drug abuse services which this agency provides.

Name – Director (<i>Print or type.</i>)	Date Application Completed
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SIGNATURE – Director	Date Signed
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I. DHS 94 – Patient Rights and Informed Consents

<p>YES <input type="checkbox"/></p>	<p>1. Do all staff know and understand the rights of the clients that they serve and the procedures for formal and informal resolution of grievances? If “no,” explain below or attach explanation.</p>
<p>NO <input type="checkbox"/></p>	<p>2. Have the policies or practices for assuring the patient right of informed consent (94.03) changed or been modified since the last on-site survey by DHS staff? If “yes,” explain below or attach explanation. <i>Provide copies of informed consents or other documents that have changed.</i></p>
<p>NO <input type="checkbox"/></p>	<p>3. Have the policies or practices for assuring notification of patient rights (94.04) changed or been modified? If “yes,” explain below or attach explanation. <i>Provide copies of patient rights forms or other documents that have changed.</i></p>
<p>NO <input type="checkbox"/></p>	<p>4. Have the policies or practices for assuring medications or other treatments (94.09) changed or been modified? If “yes,” explain below or attach explanation. <i>Provide a sample of the consents for medication forms or other documentation if it has been revised.</i></p>
<p>NO <input type="checkbox"/></p>	<p>5. Have any other policies or procedures related to patient rights (94.05 – 94.31) changed or been modified since the last on-site survey? <i>These include but are not limited to 94.05 (limitation or denial of rights), 94.06 (assistance in the exercise or rights), 94.07 (least restrictive treatment and conditions), and 94.08 (prompt and adequate treatment).</i> If “yes,” explain below or attach explanation.</p>

II. DHS 94 - Grievance Resolution

<p>YES <input type="checkbox"/></p>	<p>6. Does the program’s grievance resolution procedure meet the standards of DHS 94.40 – 94.54? If “no,” prepare and attach a Plan of Correction with a date by which the grievance resolution process will comply in full.</p>
<p>YES <input type="checkbox"/></p>	<p>7. Is the client rights specialist trained in compliance with DHS 94.40(2)(d); in the procedures required by subchapter III; techniques for resolution of concerns and grievances; and the applicable provisions of Chapter 51, Wis. Stats., and DHS 92 and 94? If “no,” prepare and attach a CRS training plan.</p>
<p>YES <input type="checkbox"/></p>	<p>8. Does the program have policies and procedures which establish the objectivity of the client rights specialist and protect them from retribution? If “no,” explain below or attach explanation.</p>

YES <input type="checkbox"/>	9. Does the program have policies and procedures protecting clients and their advocates from sanctions and retribution? If "no," explain below or attach explanation.
	10. In the past two years ... How many complaints or grievances has the agency received about its certified programs? _____ How many of these were resolved informally? _____ How many of these required formal complaint resolution? _____
III. DHS 92 – Confidentiality of Treatment Records	
YES <input type="checkbox"/>	11. Has the program designated one or more record custodians? Name - Record Custodian: _____
YES <input type="checkbox"/>	12. Are all treatment records maintained on-site and in a secure manner to ensure unauthorized persons do not have access to them? If "no," explain below or attach explanation.
YES <input type="checkbox"/>	13. Do all staff understand that no personally identifiable information (PHI) may be released in any manner, including orally, except as authorized by law? If "no," explain below or attach explanation.
YES <input type="checkbox"/>	14. Do all staff know and understand that client treatment records are the property and responsibility of the clinic and not of the patient nor of the clinician? If "no," explain below or attach explanation.
YES <input type="checkbox"/>	15. Do all staff know and understand that patient access to treatment records during treatment and after discharge differ, but that access is required? If "no," explain below or attach explanation.