

GRIEVANCE PROCESS - PROCEDURAL ISSUES

[Note: The community Grievance Procedure rules are found in **Subchapter III** of DHS 94. The cases cited below reflect decisions on issues related to the procedure itself.]

DECISIONS

1. The DHS 94 grievance process has **no jurisdiction over issues raised by an individual under the control of the Department of Corrections**. The individual was redirected to appeal through the DOC inmate complaint system. (Level III decision in Case No. 98-SGE-01 on 2/6/98.)
2. A county received a **complaint about denial of services**. The county **treated the complaint as a reapplication** for services and thus **did not follow the DHS 94 grievance process rules**. Since the complainants clearly identified it as a grievance and asked that a Client Rights Specialist investigate it, this was a **violation** of the complainants' right of access to the grievance process. (Level III decision in Case No. 98-SGE-03 on 11/10/98.)
3. Subsection 51.30(4)(b)5 allows **access without consent** "...to **qualified staff members of the department...** as is necessary to determine progress and adequacy of treatment..." Thus the **State Grievance Examiner is allowed to obtain otherwise confidential records without the informed consent** of the complainant. (Level IV decision in Case No. 98-SGE-02 on 1/22/99.)
4. The **grievance procedure** under DHS 94 has **no authority to award damages**. Monetary damages can be pursued and **awarded only by a court of law**. (Level III decision in Case No. 00-SGE-02 on 4/6/00.)
5. A patient's **ex-husband attempted to file a grievance** on his ex-wife's behalf about the **fees charged for her mental health services**. He had been ordered by the divorce court to pay that bill. He **lacked standing to bring the complaint or appeal it through the grievance process without his ex-wife's consent**. **Patient rights attached to her, not her ex-husband**, since she was the one receiving the treatment. (Level III decision in Case No. 00-SGE-06 on 4/14/00.)
6. **The rights and grievance procedure in DHS 94 do not apply to the Intoxicated Driver Program (IDP) or the driver's safety program plans**. (Level IV decision in Case No. 99-SGE-01 on 5/16/00.) [Note: This ruling was issued prior to the **revisions to DHS 62 in 2006**, which specifically **gave persons** in the drivers assessment program **patient rights** under § 51.61, Stats., and **access to the DHS 94 grievance procedure**. See DHS 62.14, Wis. Admin. Code.]

7. Even though the patient rights and grievance procedure in DHS 94 do not apply to the Intoxicated Driver Program (IDP) or the driver's safety program plans, where an **individual is also in a methadone treatment program, she has patient rights and access to the grievance process** regarding that treatment. (Level IV decision in Case No. 99-SGE-01 on 5/16/00.) [Note: This ruling was issued prior to the revisions to DHS 62 in 2006, which specifically **gave persons** in the driver's assessment program **patient rights** under § 51.61, Stats., and **access to the DHS 94 grievance procedure**. See DHS 62.14, Wis. Admin. Code.]
8. Where a **methadone clinic discouraged a patient from bringing an advocate with him to a team meeting**, the clinic **violated** his right to bring a grievance without fear of retaliation or discrimination. (Level III decision in Case No. 99-SGE-02 on 5/17/00. Appeal to Level IV by the patient was dismissed since the Level III decision was in his favor.)
9. Where a **Level II grievance decision did not advise the complainant of his right to a state-level review**, his **rights were violated**. (Level III decision in Case No. 99-SGE-02 on 5/17/00. Appeal to Level IV by the patient was dismissed since the Level III decision was in his favor.)
10. Where a **methadone clinic did not ensure that all clinic employees were aware of patient rights and the grievance process**, they **violated the patients' rights**. (Level III decision in Case No. 99-SGE-02 on 5/17/00. Appeal to Level IV by the patient was dismissed since the Level III decision was in his favor.)
11. The DHS 94 **grievance procedure does not include a "fair hearing"**. (Level IV decision in Case No. 99-SGE-02 on 5/24/00.)
12. Someone in a **methadone treatment program can ask for a "fair hearing"** only when they have been **involuntarily terminated from the program**. (Level IV decision in Case No. 99-SGE-02 on 5/24/00.)
13. A **therapist's supervisor correctly referred** a client to the facility's Client Rights Specialist to file a complaint about the therapist. The client felt the supervisor did not care about her concerns. However, the **referral was appropriate** and did not violate the client's right to be treated with dignity and respect. (Level III decision in Case No. 00-SGE-02 on 6/17/00, upheld at Level IV.)
14. A **favorable grievance decision cannot be appealed by the prevailing party**. (Level IV decision in Case No. 00-SGE-02 on 6/17/00.)
15. The meaning and applicability of the section of DHS 94.24(3) regarding "**redress through the grievance procedure**" is to assure that no one is deprived of using the grievance procedure to seek redress for an alleged violation of his or her rights. It **does not allow for the award of punitive monetary damages** in the grievance process. **Only a court can award damages**. The individual whose rights were

allegedly violated must initiate any court action. (Level IV decision in Case No. 00-SGE-02 on 6/17/00.)

16. A patient at a county psychiatric hospital **complained about a seclusion incident**. He raised issue about whether there was justification for the initial use of seclusion and whether he was released in a prompt and timely manner. There was a discrepancy between a verbal report of one staff and the documentation form that was completed while he was in seclusion. In the Level I grievance decision, the **Client Rights Specialist (CRS) made a suggestion** that staff **more carefully document** anything of concern that may be displayed while a patient is in seclusion. The **improvements in documentation** made by the hospital in response to his complaint were noted. The **patient withdrew** his complaint at Level III. (Level III decision in Case No. 00-SGE-13 on 8/2/00.)
17. Where **the county's Client Rights Specialist was also the case manager** of a woman bringing a complaint, **a conflict of interest arose**. In that case, the CRS **had the discretion to skip the county stage of the process** and forward the grievance to the State Grievance Examiner. [Note: Another option would have been to have another county staff member act as the alternate CRS for that case.] (Level III decision in Case No. 99-SGE-07 on 1/3/01.)
18. The Level I **Client Rights Specialist has the discretion to look beyond the original complaint to identify related client rights issues**, even if they are not articulated as such. (Level III decision in Case No. 99-SGE-07 on 1/3/01.)
19. Where a complainant had **already initiated a civil lawsuit** on the issues raised in the grievance, the **State Grievance Examiner has the discretion to not issue a decision** in the patient rights grievance procedure. A **court decision takes precedence** over a grievance decision. (Level III decision in Case No. 99-SGE-07 on 1/3/01.)
20. The **State Grievance Examiner is responsible for ensuring compliance** with the **grievance procedure** on behalf of **all patients** protected by DHS 94 client rights. As such, the **SGE has a role in providing technical assistance to Client Rights Specialists** who issue Level I and II decisions. (Level III decision in Case No. 99-SGE-12 on 1/3/01.)
21. The **Client Rights Specialist's is expected to be objective and neutral** in regard to a complaint. The CRS is **expected to investigate all allegations** raised in a complaint. (Level III decision in Case No. 99-SGE-12 on 1/3/01.)
22. **When a patient raises treatment issues, it is not sufficient** for the Client Rights Specialist to **simply note the response of the patient's attending physician**. **Further investigation may be required**. (Level III decision in Case No. 99-SGE-12 on 1/3/01.)

23. The **State Grievance Examiner has the discretion** whether to **conduct a field investigation or rely on documentation** submitted in the grievance process. Where sufficient documentation exists, **personal interviews of staff are not necessary**. (Level IV decision in Case No. 00-SGE-08 on 2/21/01.)
24. A **client's mother filed a written complaint** on his behalf about the treatment he was receiving from his doctor. She was **referred to the doctor**, instead of the Client Rights Specialist. Since **this was a formal complaint**, the **doctor had a conflict of interest** and it was **inappropriate to refer the matter to him**. (Level IV decision in Case No. 00-SGE-08 on 2/21/01.)
25. Where violations of client rights are found, the matter **may be referred to the Bureau of Quality Assurance Certification Unit** to determine if **any violations of certification requirements occurred**. (Level IV decision in Case No. 00-SGE-08 on 2/21/01.)
26. **Financial assistance for housing is not an issue covered by client rights** and such decisions **cannot be challenged in the grievance process** in DHS 94. (Level III decision in Case No. 01-SGE-02 on 6/6/01.)
27. A grievance was **filed on well past the 45-day timeframe** in DHS 94.41(5)(a). However the county reviewed it at Level I and II. **It is within the client rights specialist's discretion to accept complaints that are filed after the timeframes**. A **long delay** in filing a grievance after an event **significantly compromises the quality of the investigation** that may be conducted. Individuals often do not recall all the details of what happened or what was said after such a lengthy period of time. In this case, since it was accepted at Level I and II, it was also accepted at Level III. The Level III review was limited to **a desk review** of this case based on the available documents. The ability to conduct a thorough investigation was limited by the delay in the filing of the grievance. (Level III decision in Case No. 00-SGE-16 on 6/19/01, upheld at Level IV.)
28. A complainant questioned **whether a county Client Rights Specialist (CRS), by virtue of employment** by the county, **could conduct an impartial investigation** into his grievance. **CRSs are required to be impartial to the issues** of a specific grievance. **Merely working for the county does not create a conflict of interest for a CRS**. The **many levels of appeal**, including **two levels of state review**, **ensure that the grievance process as a whole is free from bias**. (Level IV decision in Case No. 00-SGE-16 on 8/14/01.)
29. A woman **complained about her doctor**, alleging that the **medications** he prescribed for her **may have caused an adverse heart reaction** leading to an emergency visit to the hospital. This allegation was **reviewed by the Bureau of Regulation and Licensing (BRL)**, which reviews medical allegations of malpractice or injury to others. BRL did not find that the heart reaction and emergency room visit was necessarily caused by the medication. The **grievance process defers to**

BRL's medical expertise on such issues and thus there was no finding of any rights violation. (Level III decision in Case No. 00-SGE-03 on 9/12/01.)

30. A patient complained that **his grievance about his therapist was not promptly investigated**. It was noted that he had **threatened to kill his wife, her boyfriend and his therapist** and the **police delayed the investigation** by requiring a waiting period for further action, allowing each party time to seek an injunction against the other. The police also required signed releases from both spouses. **The delay in processing his complaint was reasonable** under the circumstances. (Level III decision in Case No. 01-SGE-06 on 10/18/01.)
31. Where a Level II grievance **decision did not state that the grievance was unfounded** and **did not advise the complainant of his right to appeal**, the complainant's **right to the grievance procedure was violated**. It was thus appropriate to allow him additional time to appeal to Level III. (Level III decision in Case No. 01-SGE-06 on 10/18/01.)
32. Where the complainant was **not provided a copy of the Level I decision** and given the opportunity to provide additional input prior to issuance of the Level II decision, his rights were violated. The issue of the hospital's grievance system being in compliance with the DHS 94 requirements was **referred to the Bureau of Quality Assurance**. (Level III decision in Case No. 01-SGE-06 on 10/18/01.)
33. A service recipient **asked a temporary receptionist for a grievance form**. The **temp asked other staff where the forms were**. The case manager heard about the request and asked the individual to come to her office to discuss her concerns. The grievance she wanted to file, however, was about her case manager. There was **no evidence** that **anyone tried to talk her out of filing a complaint**, nor any indication of reprisal, retaliation or discrimination because of her grievance. There was **no violation of her right to file a complaint**. The temp asking other staff where the grievance forms were did not violate her right to confidentiality. (Level III decision in Case No. 01-SGE-05 on 11/29/01.)
34. A patient's mother complained that her **daughter's doctor** violated her daughter's confidentiality. The Level I **Client Rights Specialist did not address this issue** in his written response. The **failure to address this issue was a violation** of the right to have the grievance fully investigated. (Level III decision in Case No. 01-SGE-02 on 12/10/01.)
35. The law states that, "A patient or a person acting on behalf of a patient" may file a complaint. It was **a violation** of the complainant's rights when a Level I Client Rights Specialist **refused to investigate her allegation that her ex-husband's right to confidentiality had been violated**. (Level III decision in Case No. 01-SGE-02 on 12/10/01.)
36. A facility was **under the impression** that a mother's complaint on behalf of her

daughter **could be handled informally and internally**. The complaint itself stated that she wished to file “a formal grievance”. **The informal resolution process can only be used if all parties agree to it**. The **facility violated** the mother’s right to bring a complaint by not handling it as a formal grievance. (Level III decision in Case No. 01-SGE-02 on 12/10/01.)

37. A facility **issued what amounted to a Level II decision without first providing the complainant a copy of the Level I decision**. The purpose of requiring the facility to provide a copy of the Level I decision is to **allow the complainant the opportunity to review the decision and provide any additional input** to the person making the Level II decision. This **was a violation** of the complainant’s rights. The facility was requested to revise its grievance process to comply with DHS 94. (Level III decision in Case No. 01-SGE-02 on 12/10/01.)
38. **Level IV reviews are limited to consideration of factual information that was not available for the Level III review**. (Level IV decision in Case No. 99-SGE-05 on 3/29/02.)
39. Where a **Level III decision found** that the patient’s **right** to make and receive a reasonable amount of phone calls **was violated**, the **complainant’s appeal** to Level IV on that issue was **dismissed**. (Level IV decision in Case No. 99-SGE-05 on 3/29/02.)
40. A complainant was out of state for an extended period of time and **did not receive his Level III grievance decision** until his return. This was **sufficient justification** for the Administrator to **allow a late appeal** of that decision. (Level IV decision in Case No. 01-SGE-07 on 3/29/02.)
41. A complainant raised issues regarding the **“couples therapy”** he and his wife received. At Level II of the grievance process, it was concluded that the complainant was not a client, in the context of therapy that was provided, and thus did not have access to the grievance process. At Level III, it was concluded that the complainant **was a patient** by definition since he was referred to as such numerous times in the treatment records, had his own diagnosis, and had a **joint “treatment plan”** with his wife. Thus, **he had access to the grievance process** like any other “patient”. (Level III decision in Case No. 00-SGE-11 on 4/30/02, dismissed at Level IV for lack of standing to appeal because the ruling was in his favor at Level III.)
42. A parent filed a **complaint about a doctor giving the wrong pills to her minor children**. But she **refused to sign a consent form** allowing the Level I Client Rights Specialist (CRS) access to the children’s treatment records. **This limited the CRS to trying to resolve the matter informally**. Although it was the parent’s right to refuse access to the treatment records, it **prevented the CRS from conduct a complete, formal grievance investigation**. Given the **lack of a formal grievance, the appeal to Level III was denied**. (Level III decision in Case No. 02-SGE-01 on 5/2/02.)

43. A complainant **wanted to expand his original complaint at Level III** of the process to include several other issues regarding his treatment. The **State Grievance Examiner rightfully refused to allow the expansion** of the original complaint and **correctly referred the complainant to Level I to raise those additional issues. New issues must go through the entire grievance process, starting at the first level.** (Level IV decision in Case No. 00-SGE-11 on 8/26/02, upholding the Level III decision.)
44. Where the **Level III decision found in favor of the complainant** on the two issues he raised, the **complainant was without standing to appeal** the decision to Level IV. (Level IV decision in Case No. 00-SGE-11 on 8/26/02.)
45. A client **also filed a complaint** with the Department of Health and Family Services **Bureau of Quality Assurance (BQA)**, which certifies providers and clinics. The issues raised in that context were reviewed as part of a separate process. The **grievance procedure reviews complaints in the context of DHS 94 rights, and does not deal with licensing or certification issues.** Thus, **there is no standing to raise licensing and certification issues in the grievance process, too.** (Level IV decision in Case No. 00-SGE-11 on 8/26/02, upholding the Level III decision.)
46. The **Client Rights Specialist** at Level I **must attempt to resolve matters** to the satisfaction of the patient **whenever possible.** But the CRS **must also be prepared** for the more tedious, potentially adversarial, **process of gathering facts** from parties that may have quite different perspectives. (Level IV decision in Case No. 01-SGE-08 on 8/27/02, modifying the Level III finding.)
47. Where a patient filed a **detailed complaint about her medications**, the Client Rights Specialist at Level I referred the matter for a medical review. The Level I decision acknowledged there had been difficulties with medication adjustments but said there were “no major findings of inadequate medical practice. He found no violation of the patient’s right to be free from unnecessary or excessive medications. The **CRS provided few details or facts to support his conclusion.** This was a **violation of the patient’s right to an adequate investigation** in the grievance procedure. (Level IV decision in Case No. 01-SGE-08 on 8/27/02, upholding the Level III finding.)
48. An ex-patient complained that an inpatient treatment facility **overcharged** him for some smoking materials. **County funds paid for those materials**, rather than the patient. The issue was thus between the county and the facility and the issue was **not appropriate for the grievance process.** (Level III decision in Case No. 02-SGE-05 on 3/19/03.)
49. The **45-day time limit** for filing a complaint was **not followed** when a complaint was **filed 7 months after the alleged mis-diagnosis.** Case was **dismissed** as untimely filed. (Level III decision in Case No. 03-SGE-01 on 7/16/03.)

50. A **grievance must be filed within 45 days** of the occurrence of the event or circumstances or of the time when the event or circumstances “should reasonably have been discovered” or whichever comes last. Here, a minor’s prior physician apparently **misdiagnosed** him. The minor was later correctly diagnosed and appropriately treated during a stay at a state mental health facility. His parents filed a grievance about his original misdiagnosis seven months after his discharge from the state facility. **The grievance was not timely filed. The program director’s refusal to accept this late complaint was an exercise of his discretion.** He could have accepted the complaint, but chose not to. He **did not abuse his discretion.** In fact, there **would have been little point in accepting it** since the **doctor in question was no longer working for the program.** (Level III decision in Case No. 03-SGE-01 on 7/16/03.)
51. The DHS 94 grievance process has **no jurisdiction over an independent physician** delivering services through an office that is not part of a program. Patient rights still apply, but **violations must be dealt with through the licensing process.** (Level III decision in Case No. 03-SGE-01 on 7/16/03.)
52. Even though the DHS 94 grievance process has no jurisdiction over an independent physician delivering services through an office that is not part of a program, the **physician was still obligated to inform his patients of their rights** under Sec. 51.61, Wis. Stats. And, **when the physician became part of an organized service corporation,** he was also **obliged to inform his patients** that the DHS 94 **grievance process applied as of that time.** (Level III decision in Case No. 03-SGE-01 on 7/16/03.)
53. A hospital noted on appeal of findings of rights violations that **the State Grievance Examiner (SGE) had not contacted the patient’s doctor directly** during the Level III review. The hospital asserted that this evinced a lack of professional courtesy and constituted a violation of due process. The SGE should probably have contacted the doctor to provide him with a sense of fairness. But **the SGE has broad discretion in how to conduct Level III reviews.** Where the SGE felt he could rely on the written records available to him, **failure to contact the doctor was not an abuse of that discretion or a violation of due process.** (Level IV decision in Case No. 02-SGE-04 on 9/19/03.)
54. A Level III decision **described a doctor’s progress notes as being “inadequate”,** but **found no rights violation.** This issue was not addressed on appeal because, **no matter how the notes were characterized, the outcome** (no rights violation) **was not affected.** (Level IV decision in Case No. 02-SGE-04 on 9/19/03.)
55. **A court decision to order medications cannot be challenged in the grievance process.** (Level III decision in Case No. 03-SGE-10 on 10/23/03.)
56. A complaint alleged that a **county did not properly allow access to the**

Grievance Procedure appeal process as described in DHS 94. Per DHS 94.51, regarding **complaints** that are **related to the existence or operation of grievance resolution systems**, the **State Grievance Examiner** has **original jurisdiction** over this issue. (Level III Decision in Case No. 03-SGE-05 on 1/23/04.)

57. The **Division of Hearings and Appeals**, as described in the Medical Assistance Waivers Manual, is **only available** for the purpose of **addressing issue of denials of eligibility, terminations of eligibility, and reductions in waiver services**. They are **not the proper referral agency** for someone **appealing a client rights grievance** about **other issues** in the DHS 94 grievance procedure. (Level III Decision in Case No. 03-SGE-05 on 1/23/04.)

58. A complainant wanted to appeal the county's Level II grievance decision made under DHS 94. He was **incorrectly referred to the Division of Hearings and Appeals** instead of the State Grievance Examiner. **Since this appeal information was incorrect, his rights were technically violated**. (Level III Decision in Case No. 03-SGE-05 on 1/23/04.)

59. A complainant wanted to appeal the county's Level II grievance decision made under DHS 94. He was **incorrectly referred to the Division of Hearings and Appeals** instead of the State Grievance Examiner. **The county agreed that a mistake had occurred** in this process. They **revised the county manual** and added the correct standard appeal language to the end of the grievance decisions that the county issues. Thus, the **violation of rights was remedied** and the issue was **considered resolved**. (Level III Decision in Case No. 03-SGE-05 on 1/23/04.)

60. There is insufficient evidence to conclude that a **facility's Chief Legal Counsel discouraged someone from filing a complaint**. The facts indicate he merely **informed the individual that he did not believe he had a malpractice claim that would be upheld in court**. The fact that the individual was able to bring this complaint and appeal it up through the grievance process to Level IV indicates that his right to complain was not violated. (Level IV decision in Case No. 02-SGE-07 on 3/10/04.)

61. A man complained on his wife's behalf that **her original complaint was not responded to**. There was evidence in the record to indicate **the facility may not have received the original complaint**. But they did receive the copy provided by the husband later. **They responded to the issues involved as if there was one combined complaint from the two of them**. **No rights violation** was found. (Level IV decision in Case No. 02-SGE-07 on 3/10/04.)

62. A complainant alleged that **the facility's Client Rights Specialist (CRS) did not identify himself as such to him in a timely manner**. There was evidence in the record that the **CRS's name and title were provided to all patients at the facility**. If the individual was not re-informed of his title as CRS when discussing his issues with him, this was a **technical violation** of his rights. (Level IV decision in Case No.

02-SGE-07 on 3/10/04, modifying the Level III decision.)

63. A psychiatric **hospital erred** by not also informing the patient's wife when his cost of care exceeded his insurance coverage, as she requested. The hospital needed to revise its admissions policies and procedures to cover release of billing information to those who may be responsible for it. The **couple request that the remainder of their outstanding bill for psychiatric care be waived**. While it is concluded that his rights were violated, the **remedial action requested exceeds the scope of the grievance process**. If the couple wants to pursue that resolution independently, they would need to contact the facility to request a settlement or a private attorney for civil litigation. (Level III Decision in Case No. 03-SGE-07 on 4/22/04.)
64. The sister/guardian of a woman filed a grievance about the care the woman had received while she was living in her own apartment. She **asked for \$500 per year replacement of the ward's homestead money**, which she previously received because she was in an apartment instead of an Adult Family Home, where she now resides, and **\$300 for moving expenses** because the county did not move her. The **grievance procedure does not have authority to award monetary damages**. (Level III Decision in Case No. 03-SGE-04 on 6/15/04.)
65. The law states that "**any person** who is aware of a possible violation of client rights" [emphasis added] **may file a complaint on behalf** of a client. Where a facility **refused to accept an ex-patient's complaint** on behalf of current patients, **his right to file a complaint was violated**. (Level III decision in Case No. 04-SGE-01 on 7/2/04)
66. Where an **ex-patient filed a complaint on behalf of current patients**, all of whom **had guardians**, the **facility was obligated to check with the guardians to see if they wished to pursue** the complaint. (Level III decision in Case No. 04-SGE-01 on 7/2/04)
67. Where a **facility initially refused to accept a complaint** from an ex-patient, but then, **after receiving advice** from the Client Rights Office, **did accept the complaint**, the **rights violation was remedied**. (Level III decision in Case No. 04-SGE-01 on 7/2/04)
68. The Level III decision **thoroughly addressed** all of the complainant's issues. In her appeal to Stage 4, the complainant provided **no new evidence** sufficient to justify reversing the Level III decision. The Level III decision was therefore affirmed. (Level IV decision in Case No. 04-SGE-07 on 8/15/05)
69. A Level III decision found that a service provider had addressed all ten of the concerns a client raised and that the matter was considered resolved. The client was **given notice of his right to appeal** the Level III **within 14 days**. He **appealed 45 days** after the Level III was issued. The client was asked to show good cause why he had not appealed within the time frame. He did not respond. His **lack of**

response lead to the conclusion that he was **no longer interested** in pursuing the matter. The complaint was therefore **dismissed**. (Level IV decision in Case No. 05-SGE-09 on 4/3/06)

70. The information contained in response to a client's grievance **included personal and subjective observations** that were **not appropriate**. Here, the provider was informed of the appropriate information to include in the program level review of a grievance and this concern was considered **resolved**. (Level III Decision in Case No. 05-SGE-003 on 6/8/06)

71. There is **nothing inherently wrong** with a facility Client Rights Specialist (CRS) **conferring with the facility's attorneys** on issues pertaining to patient rights. The patient rights laws and rules are complex. Seeking the advice of counsel is often a good way to ensure that the facility is in full compliance with those rights. (Level IV decision in Case No. 06-SGE-04 on 8/18/06)

72. By **signing a Settlement Agreement** with the court, a client had **agreed to her inpatient placement** under an **Emergency Detention**. She **could not subsequently challenge** that placement **through the grievance process**, only through the courts. (Level IV decision in Case No. 06-SGE-10 on 3/20/07)

73. A client wanted **partial reimbursement** for the costs of her inpatient AODA care because of the lack of treatment during her stay over the holiday season. It is **beyond the authority and jurisdiction of the grievance procedure** to recommend reimbursement. That is **up to the court system**. (Level III decision in Case No. 09-SGE-03 on 8/05/09)

74. A client complained about **delays in receiving responses to her grievance**. The program's Client Rights Specialist responded within 33 days. While **the response was three days beyond the statutory time line, there was no evidence of that delay being an injustice to the client**. Three days is not a substantial delay and does not rise to the level of a rights violation. The Program Director responded within 57 days. That response was 27 days late. The Client Rights Office's response was over two months late, but was promptly handled when re-assigned to the new State Grievance Examiner. **The Program Director and the Client Rights Office both violated the statutory time limits**. (Level III decision in Case No. 10-SGE-07 on 02/18/11)

75. A former client of an outpatient methadone clinic complained that the person holding the position of **Client Rights Specialist was inaccurately posted**. It was found that this error **did not rise to the level of a grievance process violation** because his complaint was addressed and then dropped once staff thought he had rescinded it. (Level III decision in Case No. 10-SGE-13 on 3/03/11)

76. A client argued that the program's Client Rights Specialist's **Level I-A report was late**. The **CRS had thirty days** from the date she received the grievance to issue

her decision. She **issued her decision within that time frame**. The client's right to a timely grievance response was not violated. (Level IV decision in Case No. 10-SGE-09 On 3/17/11)

77. **Where a client raises several issues, each one could be considered a separate complaint.** According to DHS 94.46, **when someone has multiple pending grievances, the CRS has additional time to investigate each one.** (Level IV decision in Case No. 10-SGE-09 On 3/17/11)
78. A client argued that the program's Client Rights Specialist's **Level I-A report did not address all of his concerns**. The evidence indicates that the CRS made several attempts to discuss the client's issues, but **the client was not cooperative**. The CRS **could have dismissed the grievance issues for "failure to prosecute" them**. The CRS did address as many issues as she could, with the limited information available to her at the time. No rights violation was found. (Level IV decision in Case No. 10-SGE-09 On 3/17/11)
79. Due to **attempts to informally resolve** a client's issues at the program level and the County level, the **time-frames** for issuing written decisions at those levels were considered **suspended during the resolution attempts**. It was concluded that the program and the County were both in compliance with the requirements of the DHS 94 grievance procedure for timely responses. The client's procedural rights were not violated. (Level IV decision in Case No. 10-SGE-11 on 3/17/11)
80. A client complained about the way he was treated by a psychiatrist at a county mental health center. The Level III decision found procedural errors in how his grievance was handled, but no other rights violations were found. On appeal, the client **provided additional records from his treatment** to bolster his argument that he had not been treated with dignity and respect. **New evidence submitted on appeal is usually not considered in a Level IV review**. However, the records he submitted on appeal worked against his argument that he was not treated properly and respectfully. Those records showed that his psychiatrist was genuinely concerned about his mental status and possible suicidal thoughts. (Level IV decision in Case No. 10-SGE-10 on 4/20/11)
81. A former client of an outpatient methadone clinic complained that the **managing doctors had a conflict of interest** in handling his grievances. His concern about the doctors having a conflict of interest because they simultaneously own and practice at the program is a reasonable one. However, there was no evidence to substantiate a conflict in this case. **It is not a conflict of interest for doctors to start a business in which they plan to practice their trade**. Any concerns are alleviated by the fact that the grievance process is not punitive and because multiple levels of review ultimately extinguish any bias that might be present. (Level III decision in Case No. 10-SGE-13 on 3/03/11)

82. **When a patient complains about services, s/he should be directed to the designated Client Rights Specialist** who can educate the patient about client rights. **If the patient then expresses a desire to formally grieve a complaint, the complaint should be answered with a CRS Level I-A Report within 30 days.** (Level III decision in Case No. 11-SGE-01 on 6/28/11)
83. **Procedural errors** in the grievance process **did not rise to the level of a rights violation** because **the provider responded to the patient's complaints and went over and above the call of duty in processing her concerns**, despite the fact that she initially withdrew her grievance. (Level III decision in Case No. 11-SGE-01 on 6/28/11)

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