

# DHS 94 COMMUNITY GRIEVANCE RESOLUTION PROCEDURES

[Applies to adults and minors who receive services for a **mental illness, developmental disability, or substance abuse**, no matter from whom or from where the services are received.]

**SERVICE PROVIDERS COVERED: Hospitals, Outpatient clinics, AODA providers, Vocational and Day Services, Crisis Programs, Community Support Programs, Residential Settings, Group and Foster Homes, Nursing Homes, Day Treatment, In-Home Programs,** and any other program that provides services for mental illness, developmental disabilities, or substance abuse or for people protectively placed under Sec. 55.06, Wis. Stats.. **EXCLUDED: Private practitioners** who work alone. For them, any patient rights issues are to be resolved through licensing, private legal actions, etc.

Time limit: 45 days to file a grievance.

Extension of time is possible for good cause.

## LEVEL I - PROGRAM LEVEL REVIEW

(Within the program or facility.)

[Two- step process:] **(I-A)** Client Rights Specialist (CRS) assigned within 3 business days/1 day in emergencies. Completes report within 30/5 days (non-emergency/emergency). [Informal resolution available at any time.] If either client or Program Manager do not agree with decision by CRS, then, **(I-B)** Program Manager issues own decision within 10/5 days. Client has 14 days to appeal.

**FOR COUNTY OPERATED OR  
COUNTY-CONTRACTED / AUTHORIZED  
PROGRAMS**

**FOR INDEPENDENTLY  
OPERATED PROGRAMS**

## LEVEL II - COUNTY LEVEL REVIEW

Director of Co. Depart. or designee/County CRS reviews prior report and decision and conducts any additional necessary investigation. Director issues decision within 30/10 (non-emergency/emergency) days. Any party may appeal to state level within 14 days.

## LEVEL III - STATE LEVEL REVIEW

State Grievance Examiner in DMHSAS reviews prior reports and decisions and conducts any additional necessary investigation. (May consult with Licensing, Certification, Area Administrator or Division of Quality Assurance.) **Any party** may appeal to Level IV – Division Administrator - within 14 days.

## LEVEL IV - FINAL STATE LEVEL REVIEW

Administrator of the Division of Mental Health and Substance Abuse Services (for MI or AODA clients) or the Administrator for the Division of Long Term Care (for DD clients) conducts a desk-review of the Level III decision and all earlier documentation. The Administrator may request additional information. Parties may submit additional relevant information and materials.

Note: At any point in time, the client has the right under § 51.61(7), Stats., to take the matter to court.