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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  F-62287 (03/2022) | | | | **STATE OF WISCONSIN**  Wis. Admin. Code §§ DHS 131.21(4)(b) and (c) and  DHS 131.22(2)(b) and (c)  Page 1 of 2 | | | | | | | |
| **HOSPICE COMPLAINT REPORT** | | | | | | | | | | | |
| * Completion of this form is voluntary. * Personal information provided on this form will be used to investigate the complaint, to communicate with the complainant, and will be used for no other purpose. * Additional copies of this form can be obtained from the Department web site at:   [**https://www.dhs.wisconsin.gov/forms/index.htm**](https://www.dhs.wisconsin.gov/forms/index.htm)   * Information regarding complaint rights and procedures are located on page 2 (reverse side) of this form.   *To assist in reviewing your concern, provide the following information.* | | | | | | | | | | | |
| **1. HOSPICE INFORMATION** | | | | | | | | | | | |
| Name – Hospice | | | | | | | | | | | |
| Street Address | | City | | | | State | Zip Code | | | | |
| **2. COMPLAINANT INFORMATION** | | | | | | | | | | | |
| Name – Complainant | | | Telephone Number | | | Relationship to Patient | | | | | |
| Street Address or P.O. Box | | | City | | | State | | Zip Code | | | |
| Do you wish to remain anonymous?  Yes  No | | | | | Date Complaint Submitted *(MM/dd/yyyy)* | | | | | | |
| **3. PATIENT INFORMATION** | | | | | | | | | | | |
| Same as above *(If the complainant and patient are not the same person, provide patient information.)* | | | | | | | | | | | |
| Name – Patient | | | | | | Telephone Number | | | | | |
| Street Address or P.O. Box | | City | | | | State | | | Zip Code | | |
| **4. DESCRIPTION OF CONCERN** | | | | | | | | | | | |
| *Describe the situation or incident, the names, dates, and what happened. Write clearly and be as specific as possible. Attach additional pages, if necessary.* | | | | | | | | | | | |
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| **HOSPICE PATIENT RIGHTS AND PROCEDURES** | | | | | | | | | | | |
| Wis. Stat. § 50.95 authorizes the Department of Health Services to establish rules governing the operation of a hospice.  Wis. Admin. Code § DHS 131.21(4)(b) and (c), authorized by the above state statute, describes a hospice patient’s right to file a complaint with the Department as follows: | | | | | | | | | | | |
| (b) | Express complaints to the Department, and to be given a statement provided by the Department setting forth the right to and procedure for filing verbal or written complaints with the Department; and  Be advised of the availability of a toll-free hotline, including its telephone number, to receive complaints or questions about local hospices, and be advised of the availability of the long term care ombudsman to provide patient advocacy and other services under Chapter 16.009, Wis. Stats. | | | | | | | | |
| (c) |
| Wis. Admin. Code § DHS 131.22(2)(b) and (c), authorized by the above state statute, describes a hospice family member’s right to file a complaint with the Department as follows: | | | | | | | | | | | |
| (b) | Express complaints to the Department and be given a statement provided by the Department, setting forth the right to and procedure for filing verbal or written complaints with the Department; and | | | | | | | | |
| (c) | Be advised of the availability of a toll-free hotline, including its telephone number, to receive complaints or questions about local hospices, and be advised of the availability of the long term care ombudsman to provide patient advocacy and other services under Chapter 16.009, Wis. Stats. | | | | | | | | |
| The above statute and rules mean that: | | | | | | | | | | | |
| (1) | You have a right to complain directly to the Department of Health Services. | | | | | | | | | |
| (2) | The hospice that serves you must advise you of your right to file a complaint with the Department of Health Services; they must also explain the complaint filing process. | | | | | | | | | |
| (3) | The hospice that serves you must advise you of your right to receive patient advocacy services from the Board on Aging and Long Term Care (BALTC). Services from the BALTC include:   * Investigation of complaints * Mediation to resolve problems or disputes relating to long term care patients * Provision of information and counseling related to available insurance policies that supplement federal Medicare coverage   The BALTC may be contacted by calling its **toll-free** number at **1-800-815-0015.** | | | | | | | | | |
| Copies of this complaint form and these requirements should be provided by the hospice to each patient or patient representative (1) prior to provision of any services and (2) at the conclusion of the service agreement. | | | | | | | | | | | |
| If a patient or a patient representative (anyone representing the patient’s interests) has a concern with the patient’s care and treatment, believes that the patient’s rights have been violated, and/or that the hospice has not resolved these concerns, a complaint may be filed using any of the following methods.   * Writing to: **Department of Health Services**   **Division of Quality Assurance / Bureau of Health Services**  **ATTN: Hospice Complaint Coordinator**  **PO Box 2969**  **Madison, WI 53701-2969**   * Calling: **Toll-free Wisconsin Home Health / Hospice Hotline** at **1-800-642-6552**   The toll-free hotline operates a voice message system 24 hours a day. Calls received during the evenings, on weekends, or on holidays are returned the next day. The purpose of the hotline is to receive complaints regarding Wisconsin licensed and Medicare/Medicaid certified home health agencies and hospices and to provide information about Wisconsin home health agencies and hospices.   * Completing an on-line complaint form at: [**http://dhs.wisconsin.gov/bqaconsumer/healthcarecomplaints.htm**](http://dhs.wisconsin.gov/bqaconsumer/healthcarecomplaints.htm) * If you have **Medicare** coverage, you may also make complaints by writing or calling: **Livanta LLC**   **10820 Guilford Road, Suite 202**  **Annapolis Junction, MD 20701-1105**  **888-524-9900**  **888-985-8775 (TTY)** | | | | | | | | | | | |