

## CLIENT RIGHTS AND CIVIL RIGHTS GRIEVANCE PROCESS

Before treatment is begun, Lutheran Social Services (LSS) must inform you of your rights as a client of LSS and how to use the agency's grievance process, as stated below. In addition to the LSS Grievance Resolution Process, anyone receiving inpatient or community-based services for mental health, alcohol or other drug abuse, or a developmental disability has rights under Wisconsin and Michigan state law. *In addition to this document, LSS staff should have given you written information about these rights.* If you require additional information regarding these rights, please see a staff member of the facility or program providing your services and it will be provided to you. Each service provider must post a client rights statement where anyone can easily see it. *You may not be threatened or penalized in any way for presenting your concerns informally by talking with staff, or formally by filing a grievance with the Client Rights Specialist.*

Please note *if you are a client receiving inpatient or community-based services, alcohol or other drug abuse services, or services for a developmental disability: You may, instead of filing a grievance with LSS or at the end of the LSS grievance process, or any time during it, choose to take the matter to court to sue for damages or other court relief if you believe your rights have been violated.*

## LSS GRIEVANCE RESOLUTION PROCESS

1. If you feel your client rights have been violated while you are receiving services through LSS, you have the right to initiate the grievance resolution process within 45 calendar dates from the date the event occurred unless otherwise specified in this document. To address a grievance, you should speak to the LSS staff person(s) who provides your direct care to try to resolve the issue.
2. If you feel your concern cannot be resolved with the staff person, then you should contact the LSS Program Supervisor or the Program Manager. The Program Supervisor or Manager, or that person's designee, shall respond to you within 48 hours after being notified of your concerns. That person will offer a face-to-face or phone meeting to resolve the concern.
3. If you disagree with any resolutions that have been offered by program staff, you have the right to file a written grievance with the LSS Client Rights Specialist, who will respond to you within 48 hours of receiving your written grievance. The LSS Client Rights Specialist will have 30 days to complete a Client Rights Report with the LSS Client Rights Specialist's determination of the grievance.
4. Both the LSS Program Supervisor or the Program Manager and the client must agree with the decision. Once the LSS Client Rights Specialist issues a Client Rights Report with the determination of the grievance, the client has 14 days to appeal the determination or from the date of issue.
5. If the client appeals the LSS Client Rights Specialist's determination, the client has a right to file a written grievance with Performance and Quality Improvement. This individual will respond to the client within 48 hours of receiving the written grievance. This individual will then have 10 days to complete a determination of the grievance and notify the client and the Client Rights Specialist of the decision.

**Contact information for each level of the LSS grievance process is listed below:**

**1) Program Supervisor:** Leah Gubin

**Address/Phone:** 3003 N Richmond St.; Appleton, WI 54911 Phone: 920.225.1756

**2) Program Manager:** Derek Moran

**Address/Phone:** 6737 W. Washington Street, Ste. 2275; West Allis, WI 53204  
Phone: 920-885-7134

**3) Client Rights Specialist:** Dennis Hanson

**Address/Phone:** 6737 W. Washington Street, Ste. 2275, West Allis, WI 53214/ 414-246-2711

**4) Performance and Quality Improvement Representative:** Amanda Krzykowski

**Address:** 6737 W. Washington Ave Suite 2275, West Allis WI 53214

**Phone:** 414-246-2305 **Fax:** 414-246-2524

*If you feel that your grievance was not resolved through the LSS Grievance Resolution Process, you may have additional grievance rights as outlined on the following pages.*

**DISCRIMINATION COMPLAINTS (WISCONSIN & MICHIGAN)**

If you believe that you have been discriminated against based on race, color, religion, national origin, age, sex, disability, you have the right to complain in writing within 180 days of the alleged discrimination. You may contact your program staff for pertinent documents and additional information. **A person believing he or she has a complaint is requested, but not required, to follow the LSS Grievance Resolution Process at the beginning of this document and to contact the appropriate people listed at the beginning of this document.** If the complainant is not satisfied with the response and continues to believe that an infringement of laws, regulations, or accreditation standards has occurred, the complainant has the right to file a complaint with the Office of Civil Rights.

**Office of Civil Rights**

**Address:** Office of Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601

**Toll Free:** 800-368-1019 or **TDD:** 800-537-7697.

**Fax:** 312-886-1807.

**Email:** [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov).

## Formal Review Process for Services Provided in the State of Wisconsin

### **County Level Review – Part 2 of Level II**

Please check box if this applies to the client:

- If a county agency is paying for your services, there is an extra step in the grievance process. You may appeal the LSS decision to the County Agency Director. The County Agency Director must issue a written decision within 30 days. Either party may appeal to the state level review within 14 days.

### **County Agency Director Contact Information**

- **Address:**
- **Phone:**

### **State Level Review – Level III**

Please check box if this applies to the client:

Clients Rights Office/State Grievance Examiner

*Please note: This applies to clients who are receiving mental health inpatient or community-based treatment, services for a developmental disability, and services for alcohol and other drug abuse if a resolution cannot be reached at an earlier step.*

- **The address to appeal is:** The Department of Health Services, Clients Rights Office, PO Box 7851, Madison, WI 53707-7851.
- Telephone: (608) 266-2717 (Main division line)
- If the grievance went through the State Level Review and either party is dissatisfied with the decision, then the dissatisfied party may appeal it to the Final State Level Review. You have 14 days to appeal.

### **Final State Level Review – Level IV**

*Please note: Anyone directly affected by the Level III decision may request a final state review by the Administrator of the Division of Mental Health and Substance Abuse Services (DMHSAS) or designee. Any appeal to Level IV must be sent within 14 days.*

Please check box if this applies to the client:

- **Address:** DMHSAS Administrator, PO Box 7851 Madison, WI 53707-7851
- **Telephone:** (608) 266-0554

### **You May Also Communicate Your Concerns Directly To The Following:**

Wisconsin Division of Quality Assurance  
PO Box 2969  
Madison, WI 53701-2969  
Telephone: 608-266-8481  
Toll free: 1-800-642-6552

### **Additional Advocacy and Review Resources for the State of Wisconsin**

**MetaStar for Medicare Beneficiaries:**

- *If Medicare is paying for your services*, you may also request review of your medical treatment by the peer review organization called MetaStar at the following **Address:** MetaStar, 2909 Landmark Place, Madison, WI 53713.

### **The Board on Aging and Long Term Care Ombudsman Program:**

An Ombudsman is an advocate for long term care consumers aged 60 and over who resides in nursing homes and group homes and participants of the Family Care and Opportunity Options Program. Each county in the State of Wisconsin has a Regional Ombudsman. Anyone who has questions or concerns about the rights of long term consumers or suspects that someone in a long term care setting is not receiving proper care may contact the Ombudsman Program.

**Address:** Board on Aging and Long Term Care, 1402 Pankratz Street, Suite 111, Madison, WI 53704-4001

**Telephone:** 1-800-815-0015

**Email:** [boaltc@ltc.state.wi.us](mailto:boaltc@ltc.state.wi.us) **Fax:** (608) 246-7001

### **Disability Rights of Wisconsin:**

Disability Rights Wisconsin is a private non-profit organization designated by the State as a “protection and advocacy agency” for people of all ages, including people with developmental disabilities, people with mental illness, people with physical or sensory disabilities, and people with traumatic brain injury. Disability Rights Wisconsin does not provide legal assistance for bankruptcies, traffic tickets, criminal cases or family law issues like child custody, child support or divorce. Advocacy services are free.

#### **Contact Information:**

##### **Madison**

131 W. Wilson St., Suite 700

Madison, WI 53703

608-267-0214

TTY: 888-758-6049

Fax: 608-267-0368

Toll Free: 800-928-8778

##### **Milwaukee**

6737 W. Washington St., Suite 3230

Milwaukee, WI 53214

414-773-4646

TTY: 888-758-6049

Fax: 414-773-4647

Toll Free: 800-708-3034

##### **Rice Lake**

217 W. Knapp St.

Rice Lake, WI 54868

715-736-1232

TTY: 888-758-6049

Fax: 715-736-1252

Toll Free: 877-338-3724

## **Formal Review Process for Services Provided in the State of Michigan**

### **Office of Recipient Rights**

Please check box if this applies to the client:

### General Complaints:

- You or someone on your behalf has the right to make general complaints to the Office of Recipient Rights about matters other than discrimination or hearing issues, including if you feel your rights have been violated during treatment.
- **Written complaints can be sent to:**  
Michigan Department of Community Health  
Office of Recipient Rights  
Lewis Cass Building  
320 S. Walnut, Garden Level  
Lansing, MI 48913

**Telephone:** 800-854-9090

**Fax:** 517-335-0135

**For hearing impaired individuals, please use the following number:** Michigan Relay Center:  
800-649-3777 or 711

### Appeals

- After you receive the summary report from the general complaint, you have the right to file an appeal. An appeal must be written and sent within 45 days.
- After the appeal was reviewed by the local appeals committee or the Rights Office, you have 45 more days to make an appeal to the Michigan Department of Community Health if you believe that the investigative findings were not consistent with the facts or relevant laws, rules, policies, or guidelines.
- If you are not satisfied with the decision from the Michigan Department of Community Health, you have 21 days to appeal to the Circuit Court in the county where you reside.
- At any time during the Appeal process, you have the right to request a mediation of your dispute. If the mediation process is not successful, then you have the right to pursue appeals.