

GRIEVANCE PROCESS - RESOLUTIONS & REMEDIES

[These cases reflect various remedies and resolutions that were implemented or suggested in order to resolve patient rights complaints or where requested remedies were not available.]

DECISIONS

1. A hospital had a **release of information** allowing them to share information about the patient's care with her family. However, **they released records** to the family that **the patient did not want released**. The hospital **acknowledged they had exceeded the scope of the release** of information they had and **implemented a procedure to ensure that this error did not occur again**. **Nothing can undo the error**, but the **hospital's actions were the proper remedy** under the circumstances. That is all the grievance process can do. The patient could still take the hospital to court if she wished. This matter was **considered resolved**. (Level III decision in Case No. 97-SGE-01 on 5/27/97)
2. Where a **developmentally disabled young woman** ended up in an acute inpatient mental health setting, it **was appropriate** for the Level I Client Rights Specialist to recommend a potential "**crisis intervention plan**" for her in case the situation arose again. Such an approach is an element of ongoing quality assurance on the part of the county program, too. (Level III decision in Case No. 99-SGE-07 on 1/3/01.)
3. A patient received **services from an agency contracted by the county**. He felt he was **not adequately informed of his patient rights** because his rights were provided in a perfunctory way, without dialog or the ability on his part to ask questions or seek further clarification. He **wanted clarification** of the notification requirements and expectations. Given his requested relief, there was no conclusion made that the provider was out of compliance, but **recommendations** were made for **further review** of the service provider's rights notification process. (Level III decision in Case No. 00-SGE-01 on 6/29/01.)
4. A patient complained that the facility **did not properly inform her of the increase** in the **charges** for her cost of care. The Level II grievance decision found that she was not properly informed of the increased costs and **her billing was adjusted to reduce the fees to the original costs**. This was a **fair resolution** of the grievance. (Level III decision in Case No. 00-SGE-02 on 4/6/00.)
5. The **grievance procedure** under DHS 94 has **no authority to award damages**. **Monetary damages** can be pursued in and awarded **only by a court of law**. (Level III decision in Case No. 00-SGE-02 on 4/6/00.)
6. 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.)

7. A **favorable grievance decision cannot be appealed** by the **prevailing party**. (Level IV decision in Case No. 00-SGE-02 on 6/17/00.)
8. A woman **complained about her therapist** because of **cancelled appointments**. The Level I decision found that **her right** to receive prompt treatment **was violated** by the high number of cancellations. The service **provider implemented a formal plan and consistently followed up on it to reduce the number of cancellations**. It was found at Level III that the frequency of cancellations did rise to the level of a patient rights violation and the Level I finding was upheld. The **actions taken** by the service provider **remedied** the rights violation. (Level III decision in Case No. 00-SGE-03 on 9/12/01.)
9. A patient wanted to **bring a friend to her therapy sessions**. The service provider agreed that there are times that it may be appropriate, especially if the person is a primary support person for the client. Bringing another person to a therapy session requires a signed release from the patient. Since the **requested remedy** was **provided**, this issue was **considered resolved**. (Level III decision in Case No. 00-SGE-03 on 9/12/01.)
10. A client who was **about to be discharged** from an inpatient facility felt she was not **being given enough input or choices** in terms of to where she would be discharged. She **wanted** to be placed in an **apartment** in the community. Facility staff were considering placement at other inpatient settings or a CBRF (group home) setting. Ultimately, she was **transferred to a community supported living arrangement in an apartment**. Since this was what she wanted, the grievance was dismissed at Level III as being "**resolved**". (Level III decision in Case No. 00-SGE-05 on 2/16/01.)
11. Where a hospital patient complained about an **error in medication administration**, the State Grievance Examiner **referred** the matter to the **Bureau of Quality Assurance** for investigation. [BQA subsequently issued the hospital a citation for violation of state and federal regulations.] (Level III referral in Case No. 00-SGE-07 on 4/17/00.)
12. 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.)

13. 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.)

14. 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 had been receiving supportive home care services from an independent service provider under a general contract with the county. The guardian **alleged abuse and neglect** because of failure to report **theft of monies** and possessions and fraud and/or misrepresentation of funds. These issues were **properly referred** to other authorities. (Level III Decision in Case No. 03-SGE-04 on 6/15/04.)

15. 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.)

16. 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.)

17. An ex-patient complained about a **lack of individualized treatment** at a psychiatric hospital. These concerns were **meaningfully addressed** when the hospital responded to his observations and concerns about the manner in which patients are assessed and treated. The hospital was planning a **specific training session** for staff to address indicators, features, and treatment approaches for Post Traumatic Stress Disorder and Parkinson's Disease. The training would also address the variables that could arise with men's issues during treatment. This staff training should lead to an improved awareness and create a better standard of care, greater dignity and respect for patients, and more individualized treatment decision-making. Given the **training initiatives** planned, this issue was **considered resolved**. (Level III Decision in Case No. 03-SGE-07 on 4/22/04.)

18. 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 **requested** 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.)

19. A service provider where the individual picks up his medications has **inadequate parking**, making it inconvenient for him at times. The service provider **attempted to resolve** this by **offering him alternative times** in which he could pick up his medication when the parking lot would be less crowded. These **accommodations** included: a) suggesting he pick up his medication on a Friday when the parking lot is less busy; b) picking up his medication in the afternoon when the staff parking lot is less full; or c) speaking with his case manager to arrange picking up his medication at a different time than the set times. They were also willing to arrange for him to pick up his medication when he meets with his psychiatrist every three months for his psychiatric medication check up, thus saving him four trips a year. These **accommodations were reasonable and sufficient**. (Level III Decision in Case No. 03-SGE-08 on 7/14/04.)

20. The service recipient **wanted to receive his medications in the exact form** the **pharmaceutical company** sends it and as soon as they send it. However, the service provider has the need to double-check all medications being given to patients through the Patient Assistance Program (PAP). They do so through a local pharmacy. When they receive medications from any drug company they immediately send it to the pharmacy where it is checked, repackaged and dispensed. The pharmacy does not mix lot numbers or expiration dates, therefore each patient receives the same medication (with regards to freshness and lot number) as was sent from the drug company. The **individual's desire** to receive his medication just as it was sent from the drug company is **understandable**; however, **so is the service provider's liability** to make sure that he is getting exactly what medication he was prescribed from the drug company. The service provider **agreed to have their professional staff open the medication**, check its content, and dispense the medication as prescribed by his psychiatrist in order to avoid his medications having to go through the pharmacy, as requested. (Level III Decision in Case No. 03-SGE-08 on 7/14/04.)

21. The **confidentiality rights** of a client at a methadone clinic were **violated** when she was **called by her first and last name in the waiting room**. The appropriate and professional way to address her would be to only use her first name when other clients are present. The clinic **remedied** this confidentiality breach by conducting a

staff **In-service on confidentiality**. (Level III decision in Case No. 04-SGE-02 on 12/20/04)

22. 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)

23. A client in the community complained about her **telephone conversation with a crisis worker** on a suicide hotline. She felt that the crisis worker was disrespectful and offensive, especially when it came to the topic of spiritual support since the client was not a spiritual or religious person. At a reconciliation meeting the crisis worker apologized to the client for anything that disturbed or offended her. The conversation was not recorded, so it was difficult to establish exactly what the crisis worker said to her. But it was obvious that the client was in despair and that the crisis worker was trying every approach she knew to try to reach out to her. The crisis worker asked her about family, friends, religious, spiritual or other supports she could turn to. It is not, *per se*, inappropriate to ask a caller on a crisis line if they have any spiritual or religious beliefs that might help them through a very trying time. For some, such support can be a comfort. The **crisis worker had already apologized**. Even if a rights violation had been established here, there was **nothing more that the grievance procedure could offer her** by way of an outcome. The grievance process **cannot award monetary or other damages or impose disciplinary actions** on staff who violate patients' rights. Any such action could only be taken by the courts or by the staff member's employer. (Level IV decision in Case No. 07-SGE-04 on 6/26/08)

24. A patient's mother felt that the outpatient drug treatment program "failed" her son by **not promptly diagnosing his depression**. The son ended up requiring inpatient treatment. The mother wanted the outpatient program to **pay for her son's inpatient stay**. This was **not within the purview** of the grievance procedure. (Level III decision in Case No. 07-SGE-07 on 4/2/08)

25. The **intent of the grievance process is remedial rather than punitive**. The **recommendations** made in the Level III decision were **intended to ensure provider compliance** with the applicable patient rights confidentiality laws and rules in order to **prevent future violations**. Those recommendations were approved of at Level IV to ensure that similar incidents did not occur in the future. (Level IV decision in Case No. 08-SGE-07 on 6/23/10)

26. After it was found that an inpatient psych unit did not adequately address a patient's needs **after a restraint episode**, it was **recommended** that the provider amend their policy to **include a "trauma informed" debriefing with patients** after the use of restraints, seclusion or the use of involuntary medication. This should include: 1) an immediate 'post-event' debriefing that is done onsite and is led by the senior on-

site supervisor (the goal being to assure that everyone is safe, that documentation is sufficient to be helpful for later analysis, and to check with all involved to gather information and return the milieu to pre-event status); and, 2) an analysis that occurs one to several days following the event and includes attendance by the involved staff, the treatment team, and perhaps a representative from administration (it is essential that the patient is involved in all debriefing activities by person or by proxy). It was also recommended that a **proactive intervention plan, or 'de-escalation preference survey' or 'individual crisis prevention plan' be developed**, with input from the patient and staff. It should be personalized to capture the patient's unique history, strengths, vulnerabilities, needs, and preferences. This plan should minimally include triggers or 'threat cues' that could cause the patient to get upset, angry, aggressive, etc., and warning signs or physical precursors to escalation (i.e., bodily changes that indicate increased agitation). (Level III Decision in Case No. 08-SGE-11 on 2/23/10)

27. A client **wanted partial reimbursement** for the costs of her inpatient AODA care due to the lack of treatment during her stay. 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)
28. **Money damages and financial reimbursement** are issues for the court and **beyond the scope of the DHS 94 grievance procedure.** (Level III decision in Case No. 10-SGE-08 on 12/21/10)
29. All of a client's grievances originated from treatment that she received in a hospital's Emergency Room. According to Wisconsin Statute 51.61(1), "**patient rights" do not apply to individuals that receive treatment in a hospital ERs.** Therefore, the State Grievance Examiner could not evaluate her claims in the context of patient rights. However, **she might have other avenues of relief available.** Depending on her insurance carrier, she might be able to complain to the Division of Hearings and Appeals. Additional options for relief might include the Centers for Medicaid and Medicare Systems (CMS), the Family Care Appeal Process, Constituent Relations or the DHS Division of Quality Assurance. She could also pursue court action. (Level III decision in Case No. 10-SGE-12 on 3/22/11)
30. A patient complained about **termination of his services** by his provider. However, he was **no longer receiving services** from the program and had no desire to continue with them. Thus, **even if his rights had been violated** by the termination from that program, there was **no remedy that could have been granted to him** that would have rectified the situation. (Level IV decision in Case No. 10-SGE-15 on 03/27/13)
31. It is **not a rights violation** for one party to decide, in the midst of negotiation, that **they no longer want to negotiate.** (Level III decision in Case No. 11-SGE-06 on 12/02/11)

32. A provider was held to have **violated a client's right to an adequate grievance procedure in a multitude of ways**. The provider was required to have all staff to complete Client Rights Training Modules 1 and 3 so that their grievance procedure is implemented more effectively. The provider's designated Client Rights Specialist (CRS) had to complete the CRS training and receive a CRS Certificate within 3 weeks. The facility was to inform the Client Rights Office within 3 weeks of the names of staff who have completed the modules or provide other documentary assurance that appropriate staff members had received updated training. (Level III decision in case No. 12-SGE-10 decided on 5/8/2013)

33. A parent filed a complaint based on her belief that her daughter was being over-medicated by a County doctor. The County did not appeal the Level III decision's findings of rights violations for the lack of informed consent and for inadequate documentation. The County and the doctor were asked to review the requirements of the relevant sections of the Administrative Code pertaining to documentation. The State Grievance Examiner (SGE) also recommended that the County establish a policy requiring employees to follow these documentation requirements. It was also recommended that the County provide training to employees regarding documentation requirements. Similarly, the SGE recommended that the County and the doctor review the requirements of the statutes to ensure that the doctor and other County employees comply with the written informed consent requirements in the future. It was further recommended that the County review and update its medication information and consent forms and procedures to ensure that they complied with the statute and the County policy. It was also recommended that the County provide training to employees regarding these requirements. The SGE also advised that The County may wish to review the DHS model informed consent documents. **The SGE followed up with the County after three months to determine whether it had implemented these recommendations.** (Level IV decision in Case No. 12 SGE-0011 decided on 05/09/2013)

34. A provider was held to have **violated a patient's right to a proper grievance process in the completion of the Level I-A and Level II decisions**. The State Grievance Examiner recommended that the provider: Require all staff to complete Client Rights Training Modules 1 and 3 so that their grievance procedure would be implemented more effectively; Have Client Rights Specialists complete the CRS training and receive a CRS Certificate within 3 weeks; Inform the Client Rights Office within 3 weeks of the names of staff who have completed the modules or provide other documentary assurance that appropriate staff members had received updated training; The Director of the County Health and Human Services should review the decision and investigate ways to improve Client Rights Grievance Procedure Level II Responses and ensure that the decisions are approved (a statement such as "Approved" and the Director's signature would be adequate) by the Director. The Designee was to complete Client Rights Training Modules 1 through 4 within 3 weeks. (Level III decision in Case No. 12 SGE-0012 decided on 06/11/2013)

35. A patient's rights were **not violated because her complaints were found to be**

moot and unlikely to be substantiated by the evidence. The provider's **grievance procedure was found to be lacking in ways that did not amount to a violation of the client's right** to proper grievance procedure. The provider's Client Rights Specialist (CRS) was to complete the applicable training modules on the Client Rights Office website. The CRS was to include a finding of "founded" or "unfounded" in all future decisions. Appeal contact and time limit information was to be included in all grievance decisions issued by the provider in the future. (Level III decision in 12-SGE-00017 decided on 8/22/2013)

36. A patient with a history of anxiety, major depression, prior suicide attempts and substance abuse was admitted into the hospital's inpatient psychiatry unit. She was **put on one of the least restrictive precautionary treatment levels despite the fact that she had attempted to commit suicide in the past 48 hours prior to admission.** The patient was given a butter knife with a meal and **stabbed herself** in the abdomen. **The provider failed to correctly weigh safety versus the least restrictive treatment conditions.** Thus, the client's right to an individualized, safe environment was violated by the provider. The provider altered policy so that: only plastic utensils are used in the psychiatry unit; the bathroom in segregation is locked unless a staff member is present; and triage for patients coming from another facility will include doctor to doctor and nurse to nurse communication prior to admission during the pendency of the grievance. (Level III decision in 13-SGE-0004 decided on 11/5/2013)

37. The State Grievance Examiner (SGE) found that the grievance process implemented by a provider was a violation of a patient's right to a proper grievance process in a myriad of different ways. **The SGE must issue a report that identifies the steps necessary for the provider to implement a grievance resolution system that complies with the Administrative Code, including a specific timeline for implementation, when the SGE finds that the operation of an existing grievance resolution system is not in substantial compliance.** The provider had to: (i) name a separate Client Rights Specialist (CRS) to investigate and analyze client rights grievances; (ii) determine who will have the authority to write Level I-B decisions; (iii) the CRS should attend a client rights training and implement better identification and analysis of the rights implicated by grievances so that improved supporting information is included in Level I-A reports; (iv) the CRA must clearly state whether a violation is found Level I-A reports; and (v) the provider must ensure that the proper appeal information is included in Level I-A and Level I-B decisions. The provider was given two weeks to follow the SGE's recommendations and thus implement a grievance resolution system that was in compliance with Administrative Code. (Level III decision in 13-SGE-0007 decided on 2/7/2014)

38. A provider was held to have **violated a patient's right to give informed written consent to medication and a patient's right to an adequate grievance procedure stemming from the Client Rights Specialist failing to contact the client prior to issuing the Level I-A decision. Further the matter was in limbo for at least five months** before a formal grievance was filed. The State Grievance

Examiner recommended that the provider (1) create or make use of the DHS informed consent to medication or treatment; (2) the CRS should meet with or speak on the telephone with all grievants prior to issuing a level I-A decision; and (3) It would be best practice for the provider to set internal time limits for informal resolutions of grievances. (Level IV decision in 14-SGE-0001 decided on 12/22/2014)

39. A violation a patient's right to access the grievance procedure was found based on the discovery that the **provider had knowledge of a grievant's ongoing concerns and did not follow up with information about using the formal grievance procedure**. Further, the Client Rights Specialist (CRS) and Program Manger (PM) **decisions failed to include appeal information**. The State Grievance Examiner (SGE) recommended that the provider should have all staff take the first module of on-line client rights training found on the Client Rights Office website. The SGE further recommended that all CRS and PMs who are involved in the provision of mental health, substance abuse or developmental disability services take all four on-line client rights training modules. (Level IV decision in 14-SGE-0005 decided on 10/17/2016)
40. A patient was receiving services at a Community Based Residential Facility under a **commitment order and an involuntary medication order**. The patient claimed that the facility should respect her right to refuse medication and treatment. The patient alleged that one medication was having negative effects on her life and that she had been at the provider for too long and needed to return home. It was not a violation of the client's rights to give her medication over her attempted refusal because the court order to medicate was valid. The provider did not violate the patient's right to refuse treatment by placing her in the least restrictive environment and providing treatment ordered by a court. Further, the patient exercised her right to participate in her own treatment by complaining about the medication, which eventually led to her being taken off of it. (Level IV decision in Case No. 15-SGE-0001 on 10/17/2016)
41. A provider violated a client's right to proper grievance procedure in several ways. The State Grievance Examiner found that the **impact of the extraordinary number and type of client rights violations was harmful to patients and destructive to the fairness that is supposed to be intrinsic to the grievance process**. The provider was required to improve its process to comply with the law and reminded of the potentially large fines allowed by law. Further, the SGE noted that clients are more content when they feel like they are listened to about things that are upsetting them. The SGE required that all staff take the first module of the online client rights training. The SGE also required that the provider have Client Rights Specialists and Program Managers who are involved in the provision of mental health, substance abuse and developmental disability services take all four training modules found on the Client Rights Office website. (Level IV decision in Case No. 15-SGE-0001 on 10/17/2016)

42. A level I-A and I-B decision did not include an analysis of the relevant rights, a finding of whether the specific grievance was “founded” or “unfounded” and did not include complete appeal information. **A violation of the client’s right to the proper grievance process was found.** The State Grievance Examiner determined that the provider should have all Client Rights Specialists and Program Managers involved in the provision of mental health, substance abuse or developmental disability services **take the proper online training module.** Level III decision in Case No. 15-SGE-0003 on 01/14/2016)

43. A patient’s right to a grievance process that complies with applicable regulations was violated when the county director did not conduct or sign the level II investigation, when several versions of the level II decision were sent to the parties, and when the Level II decision was not sent via first class mail or delivered in person to the grievant. The State Grievance Examiner (“SGE”) recommended that the provider review the law and codes provided in the decision and discuss county implementation of them with the SGE. Further, the **county must ensure that grievance responses are sent by the correct parties to the correct parties in the manner required by statute.** (Level III decision in Case No. 15-SGE-0006 on 7/11/2016)

44. **A patient’s right to adequate treatment was violated when he was discharged from CCS without the proper notice of the discharge, a discharge summary, written procedures for how to reapply for CCS and information on how a patient can submit a written request for review of the discharge to DHS.** The provider should train staff about the requirements for discharge from CCS services. Staff should also receive training in regard to what is stated to patients in mental health court proceedings. Policy should be created that requires statements by staff in mental health court proceedings to be researched and supportable in order not to be unfairly misleading. (Level IV decision in Case No. 15-SGE-0007 on 12/9/2016)

45. A patient claimed that her right to adequate treatment was violated when a strip search was conducted without warning upon her admission to an inpatient psychiatric hospital. **A violation of the patient’s right to a humane psychological environment was found because the provider did not document any individualized need for the strip search.** These concerns were meaningfully addressed when the hospital was in the process of updating its search process competency and training program and added search process documentation to its health records process. Further, the hospital was planning a specific training program on Trauma Informed Care. The State Grievance Examiner also recommended that: (i) the provider document the individualized need for strip searches prior to implementing such searches; (ii) The provider disclose the need for the strip search and the reasons for it during the admissions process; (iii) the provider prepare a carefully crafted trauma informed care script to be followed before and during strip searches; and (iv) the script include reasons why the search is needed, a statement that the staff are trying to avoid re traumatizing the patient and a reiteration of the patient’s right to refuse and the likely consequence of a

refusal (inability to provide services). (Level III decision in Case No. 15-SGE-0008 on 6/16/2016)

46. Where several client rights were found to have been violated by a service provider, the Client Rights Specialist recommended several improvements including: (i) providing a brochure entitled “In Wisconsin, Treatment Never Includes Sex” with admissions materials; (ii) having provider staff review several online training modules regarding applicable client rights; (iii) recommending that a procedure be put in place to ensure timely development, review and process towards treatment plan goals; (iv) implementation of a clinic wide policy related to therapists providing clients with personal contact information. The Client Rights Specialist was obliged to follow up with the provider within a reasonable time to ensure completion of her suggestions. (Level III decision in Case No. 16-SGE-04 on 4/20/2017)

47. The State Grievance Examiner’s responsibilities include assessing whether a provider’s grievance resolution system is in substantial compliance with statutory provisions. If not, State Grievance Examiner is to identify the steps necessary to bring the program into compliance. In the case at hand, **requests for access to the community grievance process should have been referred by unit staff, by the end of their shift, to the program manager of a facility or to a CRS. A CRS should have been be assigned to a case within 3 days of the patient’s submission of a complaint. Since this did not happen, the patient’s right to access the grievance process was violated.** The State Grievance Examiner referred the provider to the appropriate online training module. (Level III decision in Case No. 16-SGE-08 on 5/26/2017)

48. A grievant and her significant other asserted numerous allegations against the patient’s guardianship services. The **concerns were referred to the grievant’s Adult Family Home where she was residing when the client rights violations were alleged to have occurred, as the home, not the guardianship service provider, was the party responsible for the alleged violations.** (Level III Grievance Decision in Case No. 20-SGE-02)

49. A patient **requested to receive a copy of her service plan.** It was determined in the Level I-B decision that there was **not enough evidence to suggest the patient received a copy. The Level I-B provided the document as part of the resolution.** The provider violated the patient’s right to access her treatment record, however, any remedy that could be provided already was when the Program Administrator gave a copy to the patient. The issue was dismissed as resolved. (Level III Grievance Decision in Case No. 20-SGE-02)

50. A **provider’s grievance process did not notify individuals how to file a complaint using the DHS 94 grievance procedure, did not provide accurate time limits to file a grievance, and the provider did not have a designated Client Rights Specialist.** Over the course of the grievance, the provider updated its

grievance process to be in compliance with DHS 94 Subchapter III, Wis. Admin. Code, and also established a Client Rights Specialist. The issues pertaining to the grievance process were dismissed as resolved. (Level III Grievance Decision in Case No. 20-SGE-03)

51. A patient's right to be informed of his or her treatment and care was violated when the **patient was not told that her therapist was leaving the county until the therapist's last day**. Therapists are an important part of patients' treatment team and as such, patients should be informed within a reasonable amount of time, if possible, of any major changes. The therapist had 30 days to inform the patient she was leaving, as did multiple staff from the grievant's case management team. The patient was not informed until the therapist's last day, which was unreasonable and a violation of the patient's right. However, **the county created a new policy that requires staff to inform patients at least three weeks prior to an anticipated change in team member. There are no other remedies that could be provided** through the grievance process, therefore, the grievance was dismissed as resolved. (Level III grievance decision in Case No. 21-SGE-03)

52. A patient filed a complaint that stemmed from a billing discrepancy with an outpatient clinic. In the Level I-A decision, one of the patient's concerns was **offered the resolution that the clinic would remove the alleged outstanding balance owed if the grievant agreed that the Level I-A decision resolved her concerns**. The patient declined the resolution and appealed to Level I-B. In the Level I-B decision, **the clinic stated that due to the patient's continuation of her grievance, the clinic was requesting prompt payment of the outstanding balance. The Level I-B decision outlined the terms at which the account would be turned over to a collection agency**. The resolution offered in Level I-A was conditional upon the grievant not pursuing an appeal. It was improper for a resolution to be tied to the grievant's participation (or non-participation) in the Client Rights Grievance procedure. Wisconsin law clearly provides that patients have the right to file grievances without fear of reprisal. The provisions in the law include both an initial complaint/grievance as well as the appeal process. The resolution offered by the CCC in the Level I-A decision violated the grievant's right to access the grievance process. (Level III decision in case number 21-SGE-012)

53. A patient complained that a former therapist with Comprehensive Community Services (CCS) violated her rights by failing to disclose a personal relationship with the patient's alleged abuser and by treating the patient disrespectfully with respect to her abuse history. The **patient filed the complaint with the County, not the provider, and the County examined the concerns as a contract compliance issue within CCS, not as a Client Rights Grievance**. The patient filed a subsequent grievance with the County alleging that the investigation into the former therapist was inadequate because it did not substantiate any concerns. The subsequent grievance also alleged that the County violated the patient's right to access the grievance process in the way it handled the first grievance. The County issued two decisions in the subsequent grievance and this office issued a decision

termed as Level III, although the steps of the grievance process were unusual. As the service provider, the former therapist, was never afforded the opportunity to respond to the patient's concerns in the Client Rights grievance process, **it was inappropriate to examine these concerns at Level III. These concerns were remanded to Level I (the service provider, not the county) for examination.** The county violated the patient's right to access the grievance procedure in several ways in the way it handled the first complaint. Suggestions for additional training for County staff were made. (Level III in 23-SGE-02)

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