



Grievance Policy for Ryan White Part B and Mike Johnson Services

I. Purpose

To assure uninterrupted access to high-quality HIV care and treatment services funded by the Wisconsin Communicable Disease Harm Reduction Section (CDHR) through the Ryan White Part B and Mike Johnson Life Care Services grants and related funding, and to safeguard eligible clients against unethical, illegal, or otherwise inappropriate actions that could prevent or interrupt such access.

II. Definitions

Client: a person who is receiving HIV care or treatment services from the Wisconsin Communicable Disease Harm Reduction Section or from one of its subrecipient organizations

Grievant: a client at a subrecipient organization, or who receives services other than through the AIDS Drug Assistance Program (ADAP) directly from the Wisconsin CDHR, who files a grievance or seeks to file a grievance

Service provider: The Wisconsin CDHR and its subrecipient organizations

Subrecipient organization: an organization that receives either Ryan White Part B funding or Mike Johnson Life Care Services funding through the Wisconsin Communicable Disease Harm Reduction Section

III. Policy

With limited exceptions, clients of subrecipient organizations are strongly encouraged to follow the grievance policy of the subrecipient organization providing the services before submitting a grievance or appeal to the Wisconsin CDHR.

Any Ryan White Part B- or Mike Johnson Life Care Services-eligible client has the right to file a grievance regarding any CDHR-supported service provider or organization related to their HIV care, including services received directly from the Wisconsin CDHR.

The Wisconsin CDHR Client Grievance Policy is based on the following principles:

- Clients have the right to quality, respectful HIV care and support services.
- The process for filing a grievance or raising concerns about client services will be straightforward and consistent.
- The grievance process will be thorough, transparent, timely, and respectful.
- The act of filing a grievance or raising a concern about client care will not result in repercussions, interruption of services, or discrimination.
- The grievance procedure will be without cost.
- All grievances will be thoroughly documented.

This grievance policy includes standards of responsiveness and timeliness in regard to the grievances and appeals the Wisconsin CDHR or its subrecipients receive, and these standards apply to both the Wisconsin CDHR and its subrecipients. The service provider must inform the client that the grievance procedure cannot ensure confidentiality as it may require identifying all parties involved in order to resolve the complaint. Confidentiality will remain a priority during the grievance process and disclosure of parties involved will only happen when deemed necessary to resolve the complaint.

IV. Requirements for Subrecipient Organizations

1. Subrecipient organizations must ensure that clients receive a written copy of their rights and responsibilities, including their rights to express concerns informally and through a formal grievance process, at intake and within 30 days of any changes to these policies. Subrecipient organizations must also verbally remind clients of these policies annually and document that the client was reminded of this information in the case notes.
2. All subrecipient staff and volunteers are provided with the subrecipient organization grievance policies and procedures and trained accordingly.
3. Grievance policies and procedures are posted in common areas accessible to clients and staff or otherwise made available to all clients and staff.
4. Subrecipients inform clients of what can be filed as a grievance, including any subrecipient restrictions on the grievance process. There are three types of grievances that cannot be restricted, due to rules set by the United States (U.S.) Health Resources and Services Administration and the Wisconsin CDHR:
 - Grievances that allege denial of access to one or more funded services due to the client's inability to pay, their pre-existing condition, their non-HIV-related condition, or their past or present health condition.¹
 - Grievances that allege that the service provider violated its code of ethics or standards of conduct.²

¹ [HRSA Ryan White Part B Universal Monitoring Standards](#), April 2013, Items A-2 and A-3, p. 2.

² [HRSA Ryan White Part B Universal Monitoring Standards](#), April 2013, Item C-1, p. 7.

- Grievances in which, based on the information available at the time, there is reasonable cause to believe that a client or a group of clients is at significant risk of physical or emotional harm due to the circumstances identified in a grievance or concern.³

If a subrecipient organization's local grievance policy does not accommodate these types of grievances, clients must be informed of their right to file such grievances directly with the Wisconsin CDHR. Notice of this right should be included in the annual distribution of the client rights and responsibilities document and in public postings (see Items IV.1 and 3, above).

In addition to the three mandatory types of grievances described above, the Wisconsin CDHR generally only considers two types of grievances:

- Grievances that allege that delivery of services funded (in whole or in part) by the Wisconsin CDHR was inconsistent with the Wisconsin Standards of Care or other contract provisions.⁴
- Grievances that allege that a funded subrecipient organization has been unresponsive to a previously submitted grievance, failed to follow the subrecipient's own grievance policy, or responded in a biased, arbitrary, capricious, retaliatory, or discriminatory manner.⁵

5. Each subrecipient organization has written grievance policies and procedures that include the following provisions:

- Notice that grievances may be filed by any program participant, applicant, or their representative, who has a just cause for protest, complaint, or disagreement.
- Steps clients can take to express their concerns informally with staff.
- Time limits for filing a grievance, which must be no less than 90 days following the incident or the time the client learned of the incident. There must also be a provision for extending this time period for good cause, including but not limited to health issues, incarceration, hospitalization, or travel out-of-state.
- Utilization of a grievance log or complete set of signed client grievance forms to document the receipt, progress, resolution, appeal, and closing of grievances and provided to the Wisconsin CDHR upon request.
- The subrecipient organization's process for resolving the grievance, which must include the following steps:
 - a) Acknowledgement of the receipt of the grievance. This is provided to the grievant through either 1) a physical document provided to the client in-person or by mail, or 2) a virtual notification emailed to the client or shared with the client through an electronic medical record. This acknowledgment should include the timetable for attempted resolution and the right of the grievant to appeal to the Wisconsin CDHR.

³ Wis. Admin. Code ch DHS 94.02 (14).

⁴ The client grievance does not need to cite any specific Standard or contract provision; this may be implicit in the grievance, as interpreted by those familiar with the Standards and contracts. This includes allegations of breach of confidentiality, violations of Americans with Disability Act (ADA) and Culturally and Linguistically Appropriate Services (CLAS) requirements, and other universal standards.

⁵ This could also include instances where the subject of the grievance is a high-ranking staff, volunteer, or board member of the subrecipient organization.

- b) Assignment of a staff person, who is not listed in the grievance, to investigate the grievance.
- c) Provision of initial interview of the grievant by the investigator.
- d) Presentation to the client, in writing, of investigator's preliminary findings and strategy for resolution.
- e) Notification, by grievant to the subrecipient, that they are exercising their right to appeal the preliminary findings and strategy for resolution.
- f) Assignment of the appeal to staff with sufficient authority to act upon it.
- g) Provision of interview of the grievant by the staff conducting the appeal.
- h) Notification, by the staff conducting the appeal to the grievant, in writing, of the findings and strategy for resolution based on the new investigation.
- i) Initiation of further appeal, by the client to the Wisconsin CDHR, *if* there is a dispute of the appeal, and it meets criteria described in Section IV on page 3.

Clients must also be informed of the timeframe for completing this process. Steps a) through d) need to be completed within 10 business days of the receipt of the grievance from the client. This timeframe is accelerated to an immediate action if the grievance reasonably asserts that harm or death would occur due to delayed action.

If the grievant believes their grievance should be resolved immediately due to reasonable harm or death, the grievant is required to submit an explanation, known for this purpose as a "Justification Statement." A simple written statement explaining how the grievant has been harmed or will be harmed or die if the grievance is not resolved immediately, should be attached to [F-02925: Request for HIV Care Grievance Resolution – Wisconsin Communicable Disease Harm Reduction Section HIV Care Unit](#) when submitted. If the client appeals the original subrecipient organization decision, all steps related to the appeal (steps e) through i) above) should be completed within 30 business days of the date the grievant notifies the subrecipient that they are appealing the preliminary findings. These timeframes may be extended with the client's written consent or if the delay is due to an action or inaction on the part of the client. Delays beyond these limits entitle a client to file their grievance directly with the Wisconsin CDHR.

6. In filing a grievance, clients are assured that:

- There will be no repercussions from staff or volunteers of the subrecipient organization or of the Wisconsin CDHR.
- In the case of ongoing services, there will be no interruption or discrimination while the grievance is being considered.
- The grievance procedure is confidential.
- Only the minimum necessary information will be collected to complete the review of grievances.
- The subrecipient agency has a confidential and secure process for clients to submit grievances.
- Information submitted through the grievance procedure to the subrecipient or to the Wisconsin CDHR will be kept confidential, and appropriate administrative, physical, and

technical safeguards will be used to prevent the disclosure of information, other than as needed to carry out services.

- There is no cost for clients to file a grievance procedure.

V. CLIENT RIGHTS TO APPEAL TO THE WISCONSIN CDHR

As described in Section III, rules set by the U.S. Health Resources and Services Administration prohibit subrecipient organization restrictions on three types of grievances:

- Grievances that allege denial of access to one or more funded services due to the client's inability to pay, their pre-existing condition, their non-HIV-related condition, or their past or present health condition.⁶
- Grievances that allege that the service provider violated its code of ethics or standards of conduct.⁷
- Grievances in which, based on the information available at the time, there is reasonable cause to believe that a client or a group of clients is at significant risk of physical or emotional harm due to the circumstances identified in a grievance or concern.⁸

If a subrecipient organization's local policy does not accommodate these types of grievances, clients may file such grievances directly with the Wisconsin CDHR.

For all other grievances, clients must demonstrate that they proceeded in good faith to follow the subrecipient organization's internal grievance process before pursuing their appeal to the Wisconsin CDHR. In addition to the three mandatory types of grievances described above, the Wisconsin CDHR generally only considers two types of grievances:

- Grievances that allege that delivery of services funded (in whole or in part) by the Wisconsin CDHR was inconsistent with the Wisconsin Standards of Care or other contract provisions.⁹
- Grievances that allege that a subrecipient organization has been unresponsive to a previously submitted grievance, failed to follow the organization's own grievance policy, or responded in a biased, arbitrary, capricious, retaliatory, or discriminatory manner.¹⁰

In general, clients cannot file grievances on issues that are beyond the purview of the Wisconsin CDHR, such as federal Ryan White HIV AIDS Program law, regulations, or policies.

⁶ HRSA Universal Monitoring Standards, April 2013, Items A-2 and A-3, p. 2.

⁷ HRSA Universal Monitoring Standards, April 2013, Item C-1, p. 7.

⁸ Wis. Admin. Code ch DHS 94.02 (14).

⁹ The client grievance does not need to cite any specific Standard or contract provision; this may be implicit in the grievance, as interpreted by those familiar with the Standards and contracts. This includes allegations of breach of confidentiality, violations of Americans with Disability Act (ADA) and Culturally and Linguistically Appropriate Services (CLAS) requirements, and other universal standards.

¹⁰ This could also include instances where the subject of the grievance is a high-ranking staff, volunteer, or board member of the subrecipient organization.

VI. The Wisconsin CDHR Grievance Process

Clients can file a grievance with the CDHR staff verbally or in writing by contacting any member of the Wisconsin CDHR staff or the [Wisconsin CDHR feedback](#) email address. Upon notification of the grievance, the Wisconsin CDHR staff member will record the grievance information on the client grievance form and inform the HIV care services coordinator. The Wisconsin CDHR staff receiving the grievance should collect information pertaining to previous attempts to resolve the complaint using the subrecipient organization’s internal grievance process. If the client has not submitted a grievance with the subrecipient organization, the Wisconsin CDHR Staff will document the client’s justification for not doing so.

The entire appeal process could take up to 40 days to complete, as detailed below. These steps will be expedited if the grievance reasonably asserts that harm or death would occur due to delayed action.

	Minimum Timeframe after Receipt of the Grievance	Grievance Step
1	Within 5 business days	The HIV care services coordinator enters the grievance into the grievance log and responds in writing to notify the client that the grievance has been received and the client will be contacted for an initial review of the grievance.
2	Within 10 business days	The HIV care services coordinator (or designee) reviews the grievance and determines if it meets criteria for appeal. If it does not meet these criteria, the client will be notified in writing. This decision may be appealed by the client to the Wisconsin CDHR manager in writing.
3	Within 13 business days	If the grievance meets criteria, the HIV care services coordinator contacts the subrecipient involved in the grievance and interviews all parties involved and requests all documentation related to the grievance. All documentation must be submitted by the subrecipient organization to the HIV care services coordinator within 72 hours.
4	Within 17 business days	After gathering sufficient information regarding specific people or subrecipients and the incident or incidents referred to in the grievance, the HIV care services coordinator reviews all information and develops a resolution plan and requests CDHR manager approval.
5	Within 20 business days	The Wisconsin CDHR manager approves resolution plan, or provides justification for not approving, and may provide additional options to resolve the complaint.
6	Within 22 business days	The HIV care services coordinator contacts the client and discusses the resolution plan and requests client’s approval or reasonable alterations. If resolution plan is agreed upon, the client and the subrecipient organization or person(s) involved are provided the resolution plan in writing.

	Minimum Timeframe after Receipt of the Grievance	Grievance Step
7	Within 28 business days	If the HIV care services coordinator and client are unable to agree on an approved plan to resolve the grievance, the grievance is forwarded to the CDHR manager.
8	Within 40 business days	The CDHR manager makes a final determination on the grievance.

The subrecipient involved has 30 days from resolution plan submission postage date to provide the HIV services coordinator justification in writing as to why the resolution plan is unreasonable and to offer an alternative resolution proposal. Within seven days of receipt of justification, the HIV care services coordinator will contact the client and propose the subrecipient’s alternative resolution and request approval. If client does not accept the new proposal for resolution, the original resolution plan remains in effect. If the client accepts the new resolution proposal, the new resolution plan is enacted. The six months is not extended due to this process and the grievance is expected to be resolved by the initial six-month date.

The grievance remains open for six months, after which the HIV care services coordinator (or designee) will contact the client and inquire if the situation has resolved. If the situation remains unresolved, the grievance will be re-opened and the steps of the grievance appeal process will be re-initiated. Closure of the grievance is recorded in the grievance log by the HIV care services coordinator after Section 4 of the Request for Grievance Resolution Form is collected.

The same seven-step grievance and appeal process will be followed for a grievance that involves Wisconsin CDHR staff. Grievances that involve the AIDS Drug Assistance Program (ADAP) or the Insurance Assistance Program (IAP) follow the procedures outlined in [P-03185: AIDS Drug Assistance Program and Insurance Assistance Program Grievance and Fair Hearing Policy](#).

VII. Other Avenues for Filing Grievances or Complaints

In some instances, clients have rights to submit grievances, complaints, or appeals to other accrediting or oversight bodies.

The U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) investigates complaints against HIPAA-covered entities, which many health care providers such as doctors, clinics, dentists, and pharmacies. If a client believes a HIPAA-covered entity or a business associate violated the client’s health information privacy rights, the client can file a complaint with the OCR. To the extent that subrecipients funded by the Wisconsin CDHR are also HIPAA-covered entities or business associates, clients may file grievances or complaints with either or both organizations. If the Wisconsin CDHR has reason to believe that a grievance may involve a situation covered by the OCR, the Wisconsin CDHR will urge the client to report a health information privacy right violation to the

OCR and will instruct the client on how to do so. More information about the OCR, including the complaint form and process, is available on the [HHS Filing a Complaint webpage](#).

The Wisconsin Division of Quality Assurance regulates health or residential care providers in regard to abuse, neglect, lack of staffing, unsafe conditions, poor care, mistreatment, transfers, discharges, and caregiver misconduct. To the extent that subrecipients funded by the Wisconsin CDHR are also regulated by the Division of Quality Assurance, clients may file grievances or complaints with either or both organizations. If the Wisconsin CDHR has reason to believe that a grievance may involve a situation covered by the Division of Quality Assurance, the Wisconsin CDHR will urge the client to file a complaint with that division and will instruct the client on how to do so. More information about the Division of Quality Assurance, including the complaint form, is available on its [Complaints Concerning Health or Residential Care in Wisconsin webpage](#).

The Joint Commission is a national organization that provides accreditation for hospitals, home care agencies, nursing care centers, behavioral health care providers, ambulatory care providers, and clinical laboratories. The Joint Commission does not evaluate the care of an individual or whether that care was appropriate; they evaluate the processes that are required within their standards, which include patient, individual, or resident care and organization functions that are essential to providing safe, high quality care.¹¹ To the extent that subrecipients funded by the Wisconsin CDHR are also accredited (or seeking accreditation by) the Joint Commission, clients may file grievances or complaints with either or both organizations. If the Wisconsin CDHR has reason to believe that a grievance may involve a situation covered by the Joint Commission, the Wisconsin CDHR will urge the client to report a patient safety or concern to the Joint Commission and will instruct the client on how to do so. More information about the Joint Commission, including the report form, is available on its [Report a Patient Safety Concern or File a Complaint webpage](#).

Individuals providing client services to people living with HIV may also be licensed or credentialed at the state level. Most notably, the following types of health professionals that routinely provide HIV care are licensed by the Wisconsin Department of Public Safety and Professional Services (DPS):¹²

Advanced Practice Nurse	Massage Therapist	Psychologist
Prescriber	Occupational Therapist	Registered Nurse
Dental Hygienist	Optometrist	Social Worker
Dentist	Pharmacist	Substance Abuse Counselor
Dietitian	Physical Therapist	Subst. Abuse Prevention
Licensed Practical Nurse	Physician	Specialist
Marriage and Family Therapist	Physician Assistant	

¹¹ Joint Commission, "About our Standards," available at <https://www.jointcommission.org/standards/about-our-standards/>

¹² This list only includes health professionals that routinely deliver funded HIV care services. The full list is available at <https://dps.wi.gov/Pages/Professions/Default.aspx>

To the extent that health care professionals funded by the Wisconsin CDHR are also licensed by the DSPS, clients may file grievances or complaints with either or both organizations. If the Wisconsin CDHR has reason to believe that a grievance may involve a situation covered by the DSPS, the Program will urge the client to file a DSPS complaint and will instruct the client on how to do so. More information about the DSPS, including the complaint form, is available on its [File a Complaint webpage](#).

Further complaints may be filed if the professional is a member of a professional association or society, such as a medical society, dental association, pharmacy association, psychological association, or social work association. In rare instances, situations described in a grievance could potentially involve violation of state law. The Wisconsin CDHR will refer and assist clients in making further complaints, as appropriate.

VIII. Required Documentation

Documentation of grievances and appeals is maintained for a minimum of five years from the date of resolution and must include:

- Name or client ID of the aggrieved.
- Date the grievance or appeal was filed.
- Summary statement of the reason(s) for the grievance.
- Summary statement of the significant facts of the investigation.
- Summary statement of the resolution of the grievance.
- Date of resolution.
- If appealed, all of the above information pertaining to the appeal.
- If their grievance is rejected, communication regarding the reasons.

IX. References

- [HIV Medical Case Management: Practice Standards and Administrative Guidelines](#).
- [The Ryan White CARE Act as enacted in 2015](#) (Title XXVI of the U.S. Public Health Services Act, Part B)
- Policy Clarification notices issued by the U.S. Health Resources and Services Administration (HRSA)
- HRSA Monitoring Standards (Program, Fiscal, and Universal)
- The Joint Commission Standards. <https://www.jointcommission.org/standards/>
- Wisconsin Department of Public Safety and Professional Services policies and procedures



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