

BEHAVIORAL HEALTH SERVICES INITIAL CERTIFICATION APPLICATION

DHS 94 - Patient Rights and Resolution of Patient Grievances

INSTRUCTIONS

- This form is completed and submitted to the Division of Quality Assurance, Behavioral Health Certification Section by the agency as part of the certification application process. It is also used by DQA surveyors during the certification inspection process.
- **By completing and submitting this form, the clinic affirms it is in compliance with the program standards regarding patient rights and resolution of patient grievances required by state statutes.**
- Patient rights are applicable to **all** facilities that provide treatment for alcoholic, drug dependent, mentally ill, or developmentally disabled persons. As you read through this survey document, you will note that no distinction is made among types of treatment facilities when it comes to protecting patients' rights. Some rights may be more applicable to patients in inpatient facilities than to patients in less restrictive settings such as outpatient clinics.
- Respond carefully to every item **that is applicable to your facility**. If an item is not applicable to your facility (i.e., DHS 94.16 inpatient religious worship would not apply to outpatient clinics), simply mark the item N/A for "not applicable."
- When responding to questions, attach additional materials, as necessary. Do not forward policies or procedures with this document; have them available for review at the time of the on-site visit.

INITIAL PROGRAM INFORMATION

Name – Program

Program Address - Physical

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|------|-------|----------|--------|
| City | State | Zip Code | County |
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| Program Address - Mailing | City | State | Zip Code |
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|------------------------|---------------|---------|----------------|
| Name - Program Contact | Telephone No. | FAX No. | E-mail Address |
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| Name - Client Rights Specialist (CRS) | Telephone No. | Fax No. | E-mail Address |
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Type of Certified Programs (*Check all that apply.*)

- A. Inpatient / Residential
 B. Other than Inpatient / Residential
 C. Both

IMPORTANT

Does your agency have a contract with the 51.42 Board?
 No
 Yes
 If "yes," identify county/counties below.

ATTESTATION

I hereby attest that all statements made in this application and in any attachments are true and correct to the best of my knowledge and that I will comply with all laws, rules, and regulations governing mental health and alcohol and other drug abuse services which this agency provides.

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| Name – Director (<i>Print or type.</i>) | Date Application Completed |
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| SIGNATURE – Director | Date Signed |
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TO BE COMPLETED BY CLINIC REPRESENTATIVE

DHS 94.03 INFORMED CONSENT (1) Any informed document required under this chapter shall declare that the patient or the person acting on the patient's behalf has been provided with specific, complete and accurate information and time to study the information or to seek additional information concerning the proposed treatment or services made necessary by and directly related to the person's mental illness, developmental disability, alcoholism or drug dependency including:

- (a) The benefits of the proposed treatment and services;
- (b) The way the treatment is to be administered and the services to be provided;
- (c) The expected treatment side effects or risks of side effects which are a reasonable possibility, including side effects or risks of side effects from medications;
- (d) Alternative treatment modes and services;
- (e) The probable consequences of not receiving proper treatment and services;
- (f) The time period for which the informed consent is effective, which shall be no longer than 15 months from the time the consent is given; and
- (g) The right to withdraw the informed consent at any time in writing.

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| 1. Do you have an informed consent policy | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| 2. Does your policy provide information concerning: | |
| (a) benefits of treatment and services | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) administration of treatment and services | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) side effects or risks of treatment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) alternatives to treatment modes and services | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (e) consequences of not receiving proposed treatment and services | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (f) effective time period of informed consent | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (g) right to withdraw informed consent | <input type="checkbox"/> Yes <input type="checkbox"/> No |

(2) An informed consent document is not valid unless the subject patient who has signed it is competent, that is, is substantially able to understand all significant information which has been explained in easily understandable language, or the consent form has been signed the legal guardian of an incompetent patient or the parent of a minor, except that the patient's informed consent is always required for the patient's participation in experimental research, subjection to drastic treatment procedures or receipt of electro-convulsive therapy.

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| 1. Do you have an informed consent document? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Does the patient (or legal guardian) sign the informed consent document? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is the document easily understood? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

(2m) In emergency situations or where time and distance requirements preclude obtaining written consent before beginning treatment and a determination is made that harm will come to the patient if treatment is not initiated before written consent is obtained, informed consent for treatment may be temporarily obtained by telephone from the parent of a minor patient or the guardian of a patient. Oral consent shall be documented in the patient's record, along with details of the information verbally explained to the parent or guardian about the proposed treatment. Verbal consent shall be valid for a period of 10 days, during which time informed consent shall be obtained in writing.

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| 1. Do you ever begin treatment before obtaining written consent? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. If yes, is this because of an emergency? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. If "Yes," is this because of time and distance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. If "Yes," do you obtain oral consent by telephone? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. If oral consent is obtained by telephone, is there detailed documentation of this in the patient's record? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. If oral consent is obtained, is written consent obtained during a 10 day time period? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

(3) The patient, or the person acting on the patient's behalf, shall be given a copy of the completed informed consent form, upon request.

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| 1. Do you give a copy of the informed consent form to the patient? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| 2. Do you inform the patient that he/she may request a copy of the informed consent form? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>DHS 94.04 NOTIFICATION OF RIGHTS (1) Before or upon admission or in the case of an outpatient, before treatment is begun, the patient shall be notified orally and given a written copy of his or her rights in accordance with s. 51.61(1)(a), Stats., and this chapter. Oral notification may be accomplished by showing the patient a video about patient rights under s. 51.61, Stats., and this Chapter. The guardian of a patient who is incompetent and the parent of a minor patient shall also be notified, if they are available. Notification is not required before admission or treatment when there is an emergency.</p> | |
| 1. Do you notify the patient (or guardian/parent), both orally and in writing, of his or her rights? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is this notification given at a time when the patient is able to understand his/her rights? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is this notification given in such language that the patient can understand? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do you have a printed version of patient rights posted in each patient area? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you notify the patient (or guardian/ parent), in writing, of any financial cost or liability regarding the care and treatment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. For patients who receive services for an extended time period, do you orally re-notify them of their rights at least annually? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>DHS 94.05 LIMITATION OR DENIAL OF RIGHTS (1) No patient right may be denied except as provided under s. 51.61(2), Stats., and as otherwise specified in this chapter.</p> | |
| <p>(2) Good cause for denial or limitation of a right exists only when the director or designee of the treatment facility has reason to believe the exercise of the right would create a security problem, adversely affect the patient's treatment or seriously interfere with the rights or safety of others.</p> | |
| 1. Name of the director or designee who, for good cause, might deny or limit a patient right. | |
| 2. Do you have a policy regarding the denial and/or limitation of a patient right? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. If "Yes," briefly explain. | |
| <p>(3) At the time of the denial or limitation, written notice shall be provided to the patient and the guardian, if any, and a copy of that notice shall be placed in the patient's treatment record.</p> | |
| 1. Do you provide written notice to the patient (guardian) when a right is denied or limited? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is a copy placed in the patient's treatment record? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Does the notice inform the patient (guardian) of the right to an informal hearing or a meeting with the decision maker? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Does the notice state specific conditions required for restoring or granting the right at issue? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Does the notice state the expected duration of the denial or limitation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Does the notice state the specific reason for the denial? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) Within two (2) calendar days following the denial, written notice shall be sent. | |
| 1. If the patient is a county department patient, does your written policy require that written notice be sent to the appropriate county department's client rights specialist? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you have a client rights specialist? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. If "Yes," who is that person? | |
| 4. Does your written policy require that the above person be notified with two (2) calendar days? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>(5) The treatment facility director or that person's designee shall hold an informal hearing or arrange for the decision maker to hold a meeting within three (3) days after receiving a hearing request or a request for a meeting with the decision maker from a patient whose rights have been denied or limited. The treatment facility director or designee, in the case of a hearing, or the decision maker, in the case of a meeting, shall consider all relevant information submitted by or on behalf of the patient when rendering a decision.</p> | |

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| 1. If not the director, who is the person who will hold the hearing or meeting when a request is received from a patient whose rights have been denied or limited? | |
| 2. Who renders the final decision after the hearing or meeting? | |
| 3. Do you inform the patient whose rights are limited or denied that they may file a grievance concerning this limitation or denial? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

DHS 94.06 ASSISTANCE IN THE EXERCISE OF RIGHTS Each service provider shall assist patients in the exercise of all rights specified under Ch. 51, Stats., and this chapter. No patient may be required to waive any of his or her rights under Ch. 51, Stats., or this chapter as a condition of admission or receipt of treatment and services.

DHS 94.07 LEAST RESTRICTIVE TREATMENT AND CONDITIONS (1) Except in the case of a patient who is admitted or transferred under s. 51.35(3) or 51.37, Stats., or under ch. 971 or 975, Stats., each patient shall be provided the least restrictive treatment and conditions which allow the maximum amount of personal and physical freedom in accordance with s. 51.61(1)(e), Stats., and this section.

(2) No patient may be transferred to a setting which increases personal or physical restrictions unless the transfer is justified by documented treatment or security reasons or by a court order.

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| 1. Do you have a policy regarding the transfer of patients? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. If "Yes," briefly explain the policy. | |

3. For inpatient and residential facilities, do you:

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| (a) Identify all patients ready for placement in a less restrictive setting? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Notify the county that placed the patient that said patient is ready for placement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Notify the patient's guardian and guardian ad litem, if any, that the patient is ready for placement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) Have written policies regarding security? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (e) Specify, within the written security policy, the criteria for the use of security related procedures? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

DHS 94.08 PROMPT AND ADEQUATE TREATMENT All patients shall be provided prompt and adequate treatment, habilitation or rehabilitation, supports, community services and educational services as required under s. 51.61(1)(f), Stats., and copies of applicable licensing and certification rules and program manuals and guidelines.

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| 1. Briefly explain your policy regarding the beginning of treatment. | |
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DHS 94.09 MEDICATIONS AND OTHER TREATMENT (1) Each patient shall be informed of his or her treatment and care and shall be permitted and encouraged to participate in the planning of his or her treatment and care.

(2) A patient may refuse medications and any other treatment except as provided under s. 51.61(1)(g) and (h), Stats., and this section.

(3) Any patient who does not agree with all or any part of his or her treatment plan shall be permitted a second consultation for review of the treatment plan.

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| 1. Do you have a policy regarding patient review of his or her own treatment plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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2. If “Yes,” briefly explain.

3. If “No,” what provisions do you make when a patient requests a second consultation?

(4) Except in an emergency, when it is necessary to prevent serious physical harm to self or others, no medication may be given to any patient or treatment performed on any patient unless the patient has been found not competent to refuse medication and treatment under s. 51.61(1)(g), Stats., and the court orders medication or treatment. In the case of a patient found incompetent under ch. 880, Stats., the informed consent of the guardian is required. In the case of a minor, the informed consent of the parent or guardian is required. Except as provided under an order issued under s. 51.14(3)(h) or (4)(g), Stats., if a minor is 14 years of age or older, the informed consent of the minor and the minor’s parent or guardian is required. Informed consent for treatment from a patient’s parent or guardian may be temporarily obtained by telephone in accordance with s. DHS 94.03(2m).

1. Do you ever provide treatment prior to obtaining the patient’s consent?

Yes No

2. If “Yes,” briefly explain how this is documented.

(5) A voluntary patient may refuse any treatment, including medications, at any time and for any reason, except in an emergency.

1. Briefly explain your policy when a voluntary patient refuses the treatment outlined for him/her.

2. Do you counsel the patient and, when possible, refer the patient to another treatment resource prior to discharge when a voluntary patient refuses treatment.

Yes No

(6) The treatment facility shall maintain a patient treatment record for each patient which shall include:

- (a) A specific statement of the diagnosis and an explicit description of the behaviors and other signs or symptoms exhibited by the patient;
- (b) Documentation of the emergency when emergency treatment is provided to the patient;
- (c) Clear documentation of the reasons and justifications for the initial use of medications and for any changes in the prescribed medication regimen;
- (d) Documentation that is specific and objective and that adequately explains the reasons for any conclusions or decisions made regarding the patient.

1. Briefly describe your policy regarding a, b, c, and d above.

(7) A physician ordering or changing a patient’s medication shall ensure that other members of the patient’s treatment staff are informed about new medication prescribed for the patient and the expected benefits and potential adverse side effects which may affect the patient’s overall treatment.

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| 1. In your facility, who orders (or changes) a patient's medication? | |
| 2. Briefly describe how the above person(s) inform other treatment staff when medication is ordered (changes). | |
| (8) A physician ordering or changing a patient's medication shall routinely review the patient's prescription medication, including the beneficial or adverse effects of the medication and the need to continue or discontinue the medication, and shall document that review in the patient's treatment record. | |
| 1. How often is the patient's medication reviewed? | |
| 2. How is the medication review documented in the patient's treatment record? | |
| (9) Each inpatient and residential treatment facility that administers medications shall have a peer review committee or other medical oversight mechanism reporting to the facility's governing body to ensure proper utilization of medications. | |
| 1. What are the names of the persons on your peer review committee? | |
| 2. When was the last time your peer review committee met? | |
| 3. Is there written documentation that the peer review committee reports to the governing board? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>DHS 94.10 ISOLATION, SECLUSION AND PHYSICAL RESTRAINT Any service provider using isolation, seclusion or physical restraint shall have written policies that meet the requirements specified under s. 51.61(1)(i) 2, Stats., and this chapter. Isolation, seclusion or physical restraint may be used only in an emergency, when part of a treatment program or as provided in s. 51.61(1)(i) 2, Stats. For a community placement, the use of isolation, seclusion or physical restraint shall be specifically approved by the department on a case-by-case basis and by the county department if the county department has authorized the community placement. In granting approval, a determination shall be made that use is necessary for continued community placement or the individual and that supports and safeguards necessary for the individual are in place.</p> | |
| 1. Do you have a written policy regarding isolation, seclusion and physical restraint? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. If "Yes," does the policy meet all requirements as specified under s. 51.61(1)(i) and s. 51.61(1)(i) 2, Stats.? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do you inform the patient that he or she has the right to consult before giving consent to administer electro-convulsive therapy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. If "Yes," to whom do you inform the patient that he or she may consult with? | |
| 5. If a county department patient, do you notify the county program director prior to the planned use of electro-convulsive therapy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

6. Who directly supervises the administration of electro-convulsive therapy?

DHS 94.12 DRASTIC TREATMENT PROCEDURES Drastic treatment procedures may only be used in an inpatient treatment facility or a center for the developmentally disabled as defined in s. 51.01(3), Stats. No patient may be subjected to drastic treatment procedures except as specified under s. 51.61(1)(k), Stats., and this section.

1. Do you receive the patient's informed consent before using drastic treatment procedures? Yes No

2. Do you inform the patient that he or she has the right to a consult before giving consent to drastic treatment procedures? Yes No

3. If "Yes," to whom do you inform the patient that he or she may consult with?

4. If a county department patient, do you notify the county program director prior to using drastic treatment procedures? Yes No

DHS 94.13 RESEARCH AND HUMAN RIGHTS COMMITTEE (1) An inpatient or residential treatment facility conducting or permitting research or drastic treatment procedures involving human subjects shall establish a research and human rights committee in accordance with 45 CFR 46, s. 51.61(4), Stats., and this section.

1. Does your facility conduct or permit research or drastic treatment procedures involving human subjects? Yes No

2. If "Yes," list all the members of your research and human rights committee

3. Are any of the above members consumers or persons who represent a patient advocacy agency? Yes No

4. If "Yes," who are those members?

5. Has the research and human rights committee appointed a person to act as consent monitor? Yes No

6. If "Yes," who is that person?

7. Explain what authority this person has.

DHS 94.14 RESEARCH (1) All proposed research involving patients shall meet the requirements of s. 51.61(1)(j), Stats., 45 CRF 46, and this section.

(2) No patient may be subjected to any experimental diagnostic or treatment technique or to any other experimental intervention unless the patient gives informed consent, the patient's informed consent is confirmed by the consent monitor and the research and human rights committee has determined that adequate provisions have been made.

1. What provisions have been made to protect the privacy of each patient involved in such experiments?

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| 2. When experimental diagnostic or treatment technique or intervention is used, is there a recording of same in the patient's treatment record? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. If "Yes," how is the confidentiality of the treatment record provided? | |
| 4. Does the staff member responsible for the treatment plan give approval for his/her particular patient to participate in the research? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

DHS 94.15 LABOR PERFORMED BY PATIENTS (1) Any labor performed by a patient which is of financial benefit to the treatment facility shall be conducted within the requirements under s. 51.61(1)(b), Stats., and this section.

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| 1. Other than ordinary personal housekeeping chores, do you require patients to perform any kind of labor? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. If "Yes," who approved the payment plan for the therapeutic labor performed by the patients? | |
| 3. When compensated, uncompensated, voluntary or involuntary labor is performed by patients, is there documentation of same in the patient's treatment record? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. When patient wages are used to offset the cost of treatment, does the patient have an opportunity to consent to such an arrangement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. If "No," briefly explain how the arrangement occurs. | |

DHS 94.16 RELIGIOUS WORSHIP (1) All inpatients shall be allowed to exercise their right to religious worship as specified under s. 51.61(1)(l), Stats., and this section.

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| 1. Briefly explain your policy regarding allowing inpatients to exercise their right to religious worship. | |
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DHS 94.17 CONFIDENTIALITY OF RECORDS All treatment records are confidential. A patient or guardian may inspect, copy and challenge the patient's records as authorized under s. 51.30, Stats., and ch. DHS 92.

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| 1. Do you have a copy of DHS 92? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. If "Yes," has all of your staff received DHS 92 training which is documented? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

DHS 94.18 FILMING AND TAPING (1) No patient may be recorded, photographed, or filmed for any purpose except as allowed under s. 51.61(1)(o), Stats., and this section.

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| 1. Do you take a photograph or film of a patient without the patient's informed consent? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. If "Yes," briefly explain. | |

DHS 94.19 MAIL (1) Each inpatient shall be allowed to send and receive sealed mail in accordance with s. 51.61(1)(c), Stats., and this section.

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| 1. Do you have any restrictions on your patients' ability to send and receive mail? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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2. If “Yes,” explain briefly.

DHS 94.20 TELEPHONE CALLS (1) Inpatients shall be allowed reasonable access to a telephone to make and receive a reasonable number of telephone calls as authorized by s. 51.61(1)(p), Stats., and this section.

1. Do you have any restrictions on your patients’ ability to make and receive telephone calls?

Yes No

2. If “Yes,” briefly explain.

DHS 94.21 VISITORS (1) Each inpatient shall be permitted to see visitors each day, as authorized by s. 51.61(1)(t), Stats., and in accordance with this section.

1. Do you have any restrictions on your patients’ ability to see visitors each day?

Yes No

2. If “Yes,” briefly explain.

DHS 94.22 VOTING (1) The director of each treatment facility serving inpatients shall ensure that inpatients have an opportunity to vote, unless they are otherwise restricted by law from voting.

1. Briefly explain your policy regarding your inpatients’ opportunity to vote.

DHS 94.23 DISCHARGE OF VOLUNTARY PATIENTS (1) When a voluntary patient requests a discharge, the facility director or designee shall either release the patient or file a statement of emergency detention with the court as provided under ss. 51.10(5), 51.13(7)(b) and 51.15(10), Stats., and this section.

1. When a voluntary inpatient requests a discharge, under what conditions would you file a statement of emergency detention?

2. If the above conditions do not exist, what action would you take if a voluntary patient requested a discharge and he or she had no other living quarters?

3. What actions would you take if the voluntary inpatient requested discharge but was in need of other services?

DHS 94.24 HUMANE PSYCHOLOGICAL AND PHYSICAL ENVIRONMENT (1) Clean, Safe, and Humane Environment. Treatment facilities shall provide patients with a clean, safe and humane environment as required under s. 51.61(1)(m), Stats., and this section.

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| (2) Comfort, Safety and Respect. (a) Staff shall take reasonable steps to ensure the physical safety of all patients. | |
| 1. Do you fingerprint your inpatients? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. If "Yes," under what conditions? | |
| 3. Do you search your inpatients? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. If "Yes," under what conditions? | |
| 5. Do you ever strip-search an inpatient? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. If "Yes," under what conditions? | |
| 7. Do you ever do a body cavity search on any of your inpatients? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. If "Yes," under what circumstances? | |
| 9. Do you ever search an inpatient's room and/or personal belongings? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. If "Yes," under what conditions? | |
| 11. Do you ever assist your inpatients with personal hygiene and self-grooming activities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. If "Yes," briefly explain those activities. | |
| 13. Are your treatment facility rules made known to your inpatients? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. If "Yes," how is this accomplished? | |
| 15. Under what condition(s) would your inpatient not have unscheduled access to bathroom facilities? | |

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| 16. Do you have any restrictions regarding an inpatient decorating his or her own room? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. If "Yes," briefly explain what those restrictions are. | |
| 18. Does all of your staff treat each patient with respect and dignity? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Social, Recreational and Leisure Time Activities. | |
| (a) Inpatients shall be provided access to current newspapers and magazines, and shall have reasonable access to radio and television upon request, except for documented security or safety reasons. | |
| 1. Does your facility have a written policy regarding the use of leisure time? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. If "Yes," briefly explain. | |
| 3. Do you allow for individual expression through a choice of music, art, reading materials and media access? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do you allow individuals, at their own expense, to acquire a television, radio, recordings, etc.? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you provide reasonable access to appropriate space and supervision for patient use of art and writing supplies? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Do you provide for suitable opportunities for social interaction with members of the opposite sex? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. If "Yes," how often? | |
| 8. Do you provide an opportunity for reasonable and regular access to facilities for physical exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. If "No," explain how your patients exercise. | |
| 10. Do you provide opportunities for access to a variety of appropriate recreational facilities away from the living unit? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. If "Yes," approximately how often? | |
| 12. Do your patients have an opportunity to be out of doors at regular and frequent intervals? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. If "Yes," approximately how often? | |
| 14. Do you allow patients to conduct personal and business affairs in any lawful manner not otherwise limited by statute so long as these do not interfere with the treatment plan, the orderly operation of the facility, security or the rights of other patients? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) Food Service | |
| (a) Each inpatient shall be provided a nutritional diet which permits a reasonable choice of appealing food served in a pleasant manner. | |

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| 1. Do your patients have access to snacks between meals? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. If "No," briefly explain why not. | |
| 3. How much time are your patients allowed, at a minimum, per meal? | |
| 4. In meal preparation, are customary religious, cultural and/or personal convictions taken into account? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. If "No," briefly explain. | |
| DHS 94.25 PATIENT FUNDS (1) Except as otherwise provided under s. 51.61(1)(v), Stats., a patient shall be permitted to use the patient's own money as the patient wishes. A services provider holding funds for a patient shall give the patient an accounting of those funds in accordance with s. 51.61(1)(v), Stats. | |
| 1. Do you have a policy regarding the use of patient funds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. If "Yes," briefly explain the policy. | |
| DHS 94.26 CLOTHING AND LAUNDRY (1) Inpatients shall be permitted to wear their own clothing as authorized under s. 51.61(1)(q), Stats., and this section. | |
| 1. If inpatients do not have enough of their own clothing, so you furnish appropriate non-institutional clothing of proper size? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. If "Yes," briefly explain how much clothing is provided. | |
| 3. Do you provide laundry service for patient clothing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. If "No," do patients have access to a washer and dryer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. If "No," briefly explain how patients handle the laundering of their own personal clothing. | |
| DHS 94.27 STORAGE SPACE (1) Each inpatient shall be provided sufficient and convenient space for clothing, toilet articles and other personal belongings, as required under s. 51.61(1)(r), Stats, and this section. | |
| 1. Do your patients have convenient access to their own storage space? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do your patients have adequate storage space to hang all of their clothes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Can the individual storage space be locked? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do you have a policy regarding the searching of personal storage space? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

5. If “Yes,” briefly explain the policy.

DHS 94.28 RIGHT TO FILE GRIEVANCES (1) A patient or a person acting on behalf of a patient may file a grievance under s. DHS 94.29 procedures with the administrator of a facility or other service provider or with a staff member of the facility or other service provider without fear of reprisal and may communicate, subject to s. 51.61(1)(p), Stats., with any public official or any other person without fear of reprisal.

(2) No person may intentionally retaliate or discriminate against any patient, person acting on behalf of a patient or employee for contacting or providing information to any official or to an employee of any state protection and advocacy agency, or for initiating, participating in or testifying in a grievance procedures or in any action for any remedy authorized by law.

(3) No person may deprive a patient of the ability to seek redress for alleged violations of his or her rights by unreasonably precluding the patient from using the grievance procedure established under s. DHS 94.29 or from communicating, subject to any valid telephone or visitor restriction under s. DHS 94.05, with a court, government official, grievance investigator or staff member of a protection and advocacy agency or with legal counsel.

DHS 94.29 GRIEVANCE RESOLUTION PROCEDURES Failure of a treatment facility to comply with any provision of rights under s. 51.61, Stats., or this chapter may be processed as a grievance under s. 51.61(5), Stats., and subch. 111 of this chapter.

DHS 94.30 COMPLIANCE ASSURANCE (1) Each treatment facility director and program director shall ensure that all of his or her employees who have any patient contact are aware of the requirements of this chapter and the criminal and civil penalties for violations of ss. 51.30(10), 51.61, 146.84, 813.123, 940.22(2), 940.225, 940.285, 940.295, and 943.20(3)(d) 6, Stats., and the protection for reporting violations of rights to licensing agencies under s. 51.61(10), Stats.

1. Are all of your employees who have any patient contact aware of DHS 94?

Yes No

2. Are your employees who have any patient contact aware of the criminal and civil liabilities for any violation of Patient Rights?

Yes No

DHS 94.31 APPLICATION OF OTHER RULES AND REGULATIONS In applying the requirements of this chapter, when a different state rule or federal regulation also applies to the protection of a particular right of patients, the different state rule or federal regulation shall be controlling if it does more to promote patient rights than the counterpart requirement in this chapter.

DHS 94.40 SYSTEM REQUIREMENTS (1) Grievance Resolution System Required. All programs providing services or residential care to persons who need the services or residential care because of mental illness, a developmental disability, alcoholism or drug dependency, as those terms are defined in s. 51.01, Stats., shall have a grievance resolution system which complies with the requirements of this subchapter.

1. Do you have written policies regarding a grievance resolution system?

Yes No

2. Do your policies provide that:

(a) Staff has knowledge regarding the rights of clients?

Yes No

(b) Fair, responsive and respectful procedures are available for clients to resolve their grievances?

Yes No

(c) Staff and clients know and understand the formal as well as the informal resolution of grievances?

Yes No

(d) Staff who act as client rights specialists are trained in the requirements of all aspects of the grievance procedures?

Yes No

DHS 94.40(3) CLIENT RIGHTS SPECIALIST Each program or coalition of programs shall designate one or more persons to act as client rights specialists.

1. Who is your client rights specialist?

2. Is the above-named person an employee of the program?

Yes No

3. If “No,” do you have a written contract with this person to act as your client rights specialist?

Yes No

4. When conducting a program level review, does the above-named person have any involvement in the activities forming the basis of the grievance or any other substantial interest in those matters?

Yes No

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| 5. If the client chooses an informal process and the matter is resolved, does the above person prepare, and file with appropriate copies, a brief report indicating the nature of the resolution? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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DHS 94.40(4) INFORMAL RESOLUTION PROCESS Each program shall have available a process which offers clients and persons acting on behalf of clients the option of seeking informal resolution of their grievances.

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| 1. Do you have a formal process for program level review of grievances? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Does the process cover the training of client rights specialists? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Does the process ensure neutrality by the client rights specialists while conducting grievance reviews? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Does the process identify the procedures to be used in conducting program level inquiries? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Does the process identify the production of a written report of the factual findings, determinations of merit and recommendations for resolving grievances in a timely and impartial manner? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Does the process identify a method for informing all parties involved regarding the written report? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Does the process identify a process for responding to decisions on grievance reviews? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

DHS 94.40(6) PROTECTIONS FOR CLIENTS AND ADVOCATES A program shall have policies and procedures in place which provide that no sanctions will be threatened or imposed against any client who files a grievance, or any person including an employee of the department, a county department or a service provider, who assists a client in filing a grievance.

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| 1. Do you have policies and procedures regarding sanctions against clients or other persons who assist in the filing of a grievance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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DHS 94.04(7) CLIENT INSTRUCTION As part of the notification of rights required under s. DHS 94.04, each program shall establish specific methods of instruction to help clients and their parents or guardians, if consent by a parent or guardian is required for treatment, understand and use the grievance system.

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| 1. When you notify a client of their rights, do you also give specific instructions on understanding and using the grievance system? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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DHS 94.41 PROGRAM LEVEL REVIEW (1) Presentation of Grievance. (a) A program shall establish a flexible and open process through which clients and those acting on behalf of clients can present grievances.

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| 1. Does your process identify that a grievance can be presented to any staff person? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Does your process indicate that the grievance presentation can be in writing, orally or by any alternative method of communication? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. When possible, does your process allow that a grievance can be resolved at the time it is presented? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. When the grievance cannot be immediately resolved, does your process identify to the grievant that your program has an informal, as well as a formal, process? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. When the formal process is chosen, does your process refer the grievance to a client rights specialist? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

DHS 94.41(2) INQUIRY BY CLIENT RIGHTS SPECIALIST (a) Upon receiving a referral, the client rights specialist shall meet with the grievant and the client, if different, and any staff member who may be named in the complaint, identify the matters at issue and explain the process for seeking formal resolution of grievances.

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| 1. Upon receiving a referral, does your client rights specialist meet with all the affected parties, identify the issues and explain the formal resolution process? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. If the grievance was presented orally or through an alternative form of communication, does your client rights specialist assist the grievant in putting the grievance into writing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. If the facts are in dispute, does your client rights specialist conduct an inquiry into the incidents or conditions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do you allow the client rights specialist full access to all information, all relevant areas and/or all records pertaining to the matters raised in order to investigate the grievance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| 5. When an inquiry requires access to confidential information and the client rights specialist does not otherwise have legal access to that confidential information, is the client (or guardian/parent) required to consent in writing to the release of that information? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Lacking written consent, do you attempt to resolve the matter through the informal process? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DHS 94.41(3) REPORT OF CLIENT RIGHTS SPECIALIST (b) When the in inquiry is complete the client rights specialist shall prepare a written report with a description of the relevant facts agreed upon by the parties or gathered during the inquiry, the application of the appropriate laws and rules to those facts, a determination as to whether the grievance was founded or unfounded, and the basis for the determination. | |
| 1. When the inquiry is complete, does the client rights specialist prepare a written report which includes a determination as to whether the grievance was founded or unfounded? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. If founded, does the written report describe the specific actions or adjustments for resolving the issues and, when appropriate, a timeline for carrying out the acts and adjustments? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. To whom are copies of the report given to? | |
| DHS 94.41.(4) PROGRAM MANAGER’S DECISION | |
| 1. If the appropriate parties agree with the report of the client rights specialist and the report contains recommendation for resolution, are those recommendations put into effect within the agreed upon time frame? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. If there is disagreement over the report and the client rights specialist cannot establish a mutually acceptable plan, do you prepare a written decision describing the matters in dispute and stating the findings and determinations or recommendations which forms your official position? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. If the above written position modifies the recommendations, do you state the basis for such modifications? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Who receives the above written decision? | |
| 5. Do you also include a written notice explaining how, where and when the grievant may make a request for administrative review of your decision? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DHS 94.41.(5) TIME LIMITS (a) Filing a grievance. | |
| 1. A client or a person acting on the client’s behalf shall file a grievance within 45 days of the occurrence of the event or circumstance in the grievance or of the time when the event or circumstance was actually discovered or should reasonable have been discovered, of the client’s gaining or regaining the ability to report the matter, whichever comes last. | |
| 1. Do you have time limits for receiving a grievance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. If “Yes,” do you grant extensions to the filing of a grievance for “good cause?” | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. a. In non-emergency situations | |
| (1) When does staff person receiving a request for formal resolution present the request to you? | |
| (2) Upon receipt of the request, when do you assign a client rights specialist to the grievance? | |
| (3) Does the client rights specialist submit the report within 30 days from the date the grievance was first presented? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) If a written decision is necessary, do you issue same within 10 days from the date the grievance was first presented? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3.b. In emergency situations: | |
| (1) Does the staff person immediately present the matter to you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Do you assign a client rights specialist within 24 hrs.? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| (3) Does the client rights specialist submit the report within 5 days from the date the grievance was presented? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) Do you issue a written decision within 5 days of the receipt of the report? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DHS 94.42 ADMINISTRATIVE REVIEW BY COUNTY OR STATE (2)(a) A request for administrative review of a program manager's decision shall state the basis for the grievant's objection and may include a proposed alternative resolution. | |
| 1. If you receive a request for an administrative review that is made orally or through a person's alternative means of communication, do you prepare a written summary of the request? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. When an administrative review is requested, do you transmit a copy of the original grievance, the client rights specialist report, your written decision and the administrative review request to the appropriate agency? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. In non-emergency situations, do you submit the above information within 7 days of receiving the request? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. In an emergency situation, do you submit the necessary information, by overnight mail, within 3 business days of receiving the request? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. If a grievant wishes to seek a state review of the county director's decision, do you forward such request and supporting materials to the appropriate office? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. If a grievant wishes to seek a final review of the state review decision from a specific state division administrator, do you transmit the request to the administrator along with copies of all relevant materials? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. If a grievant is unable to prepare a written request for a final state review, do you assist in completing the necessary forms? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DHS 94.45 PROGRAM COALITIONS (1) A group of programs may form a coalition to operate a combined grievance resolution system in order to share the costs of operating the system and to increase the independence and expertise of the individuals acting as client rights specialists. | |
| 1. If you belong to a program coalition whose purpose is to provide grievance resolutions, do you have a written agreement to this effect signed by the member programs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do the terms of the agreement provide for meeting the requirements of DHS 984? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DHS 94.49 GRIEVANCES PRESENTED ON BEHALF OF CLIENTS (1) Any person who is aware of a possible grievance of a client's rights under ch. 51, Stats., ch. DHS 92 or this chapter may present a grievance on behalf of the client. | |
| 1. When a grievance is presented on behalf of a client, does your client rights specialist meet with the client and appropriate others to determine if the client wishes the grievance investigated and resolved through the formal process? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. If the client and appropriate others oppose using the formal process, does the client rights specialist proceed with the investigation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |