

**GREEN LAKE COUNTY
DEPARTMENT OF HEALTH & HUMAN SERVICES**

HEALTH & HUMAN SERVICES

571 County Road A

PO Box 588

Green Lake WI 54941-0588

VOICE: 920-294-4070

FAX: 920-294-4139

Email: glcdhhs@co.green-lake.wi.us



FOX RIVER INDUSTRIES

222 Leffert St.

PO Box 69

Berlin WI 54923-0069

VOICE: 920-361-3484

FAX: 920-361-1195

Email: fri@co.green-lake.wi.us

Post Date: 5/13/16

***AMENDED**

The following documents are included in the packet for the Department of Health & Human Services Board to be held on Tuesday, May 10, 2016

- Agenda for May 10, 2016 meeting
- Draft DHHS Minutes – April 12, 2016
- Committee Appointment
- Schenck Proposal Additional Services
- April 2016 Aging Report
- *April Behavioral Health Report
- *April Children & Family Services Report
- *Report on Walk-Through of FRI building
- *Resolution Relating to Increasing Hours of Economic Support Worker Position
- Request for Paid Summer Intern – Health Unit
- Health Unit Report – April 2016
- Environmental Health Report – April 2016
- Client Rights Grievance Resolution Procedure



GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

Office: 920-294-4070 FAX: 920-294-4139 Email: glcdhhs@co.green-lake.wi.us

Health & Human Services Committee Meeting Notice

Date: May 10, 2016 Time 5:00 PM

Green Lake County Government Center

571 County Rd A, COUNTY BOARD Room #0902 Green Lake WI

***AMENDED AGENDA**

Committee Members

*Joe Gonyo,
Chairman
Nick Toney, Vice-
Chair
Brian Floeter
John Gende
Harley Reabe
Candace Smith
Richard Trochinski
Nolan Wallenfang*

Joy Waterbury, Secretary

Kindly arrange to be present, if
unable to do so, please notify our
office. Sincerely, Karen Davis,
Administrative Assistant

1. Call to Order
2. Certification of Open Meeting Law
3. Pledge of Allegiance
4. Agenda
5. Minutes 4/12/16
6. Signing of Vouchers
7. Appearances:
8. Public Comment (3 minutes):
9. Correspondence:
 - Committee Appointments
10. Veteran's Service Office Report
11. Advisory Committee Reports
 - Aging Advisory Committee – (Trochinski)
Meeting – May 18, 2016 Green Lake
County DHHS
 - Health Advisory Committee Report- April 13, 2016
 - Family Resource Council – June 6, 2016 (Trochinski)
 - Transportation Coordinating Committee – April 13,
2016 (Trochinski)
 - ADVOCAP/Headstart Report (Gonyo)
 - ADRC Coordinating Committee – May 12, 2016 -
Marquette Co. (Gende/Waterbury)
12. Unit Reports
 - Administrative Unit
 - Audit of Health & Human Services Billing and
Accounting progress to date/Schenck – Request for
Additional Services
 - Aging/Long Term Care Unit
 - Behavioral Health Unit
 - Children & Family Services Unit
 - Economic Support Unit
 - Discuss and act on 2012 Resolution
regarding Economic Support Worker – Resolution
Relating to Economic Support Worker
 - Fox River Industries
 - Bathroom Remodeling Update/Bid
 - *Report on Walk-Through of FRI building - Jodi
Traas, AEGIS Corporation

(Continued on next page)

Please note: Meeting area is accessible to the physically disabled. Anyone planning to attend who needs visual or audio assistance, should contact the County Clerk's Office, 294-4005, not later than 3 days before date of the meeting.



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DEPARTMENT OF HEALTH & HUMAN SERVICES

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- 13. - Health Unit
 - Paid Public Health Intern (Summer)
- 14. Policies/Procedures Update
 - Client Rights Grievance Resolution Procedure
- 15. Purchases
- 16. Health & Human Services Budget 2016
- 16. Committee Discussion
 - Administrative Committee Report
 - Finance
 - Personnel
 - Vacant Positions Review
 - Economic Support Worker/Benefit Request
 - Property & Insurance
 - IT Committee Report
 - Facilities & Security Committee Report
 - The Board May Confer With Legal Counsel
 - Future DHHS Meeting Date (June 14, 2016 at 5:00 p.m.) and other Sub-Committees
 - Future Agenda items for action & discussion
- 17. Adjourn
- 18. Tour of 500 Lake Steel Street Facility

Please note: Meeting area is accessible to the physically disabled. Anyone planning to attend who needs visual or audio assistance, should contact the County Clerk's Office, 294-4005, not later than 3 days before date of the meeting.

THE FOLLOWING ARE THE OPEN MINUTES OF THE HUMAN SERVICES BOARD HELD AT GREEN LAKE COUNTY GOVERNMENT CENTER, 571 COUNTY ROAD A, GREEN LAKE, WI 54941 ON TUESDAY, APRIL 12, 2016 AT 5:00 P.M.

PRESENT: Joe Gonyo, Chairman
Nick Toney, Vice Chairman
Richard Trochinski, Member
Joy Waterbury, Secretary
Brian Floeter, Member
Jack Meyers, Member

EXCUSED: Candace Smith, Member
Nolan Wallenfang, Member
John Gende, Member

OTHERS PRESENT: Linda Van Ness, Director
Jon Vandeyacht, Veteran's Service
Officer
Karen Davis, Administrative Assistant

Certification of Open Meeting Law: The requirements of the Open Meeting Law have been met.

Call to Order: The meeting was called to order at 5:16 p.m. by Chair Gonyo.

Pledge of Allegiance: The Pledge of Allegiance to the Flag was recited.

Approval of Agenda: Motion/second (Trochinski/Waterbury) to approve the amended agenda. All ayes. Motion carried.

Action on Minutes: Motion/second (Trochinski/Floeter) made a motion to approve the minutes of the 3/8/16 and 3/22/16 Health & Human Services Board meeting. All ayes. Motion carried.

Signing of Vouchers: Motion/second (Trochinski/Floeter) to approve the March 2016 expenses. All ayes. Motion carried.

Motion/second (Trochinski/Floeter) to approve the Waterbury Expenses. Roll call vote. Trochinski-aye; Floeter-aye; Waterbury-abstain; Meyers-aye; Toney-aye. Motion carried.

Motion/second (Waterbury/Meyers) to approve the Veteran's Service expenses. All ayes. Motion carried.

Appearances: None.

Public Comment (3 minutes): None.

Correspondence: The Pro Act prescription drug usage was presented for Committee review. This will be reviewed more next month.

Van Ness read a letter from a Children & Family Services client appreciating the services of Jen Zeleske, Social Worker.

Committee Appointments: The Committee appointments list was distributed for Committee review. This will be presented again at the May meeting.

Veteran's Service Office Report: Vandeyacht reported regarding Veterans Service Office activities.

Advisory Committee Reports: Aging: The meeting was held on March 16, 2016 at the Green Lake County Government Center. Trochinski reported regarding the meeting. The 3-year plan was approved. The next meeting will be held on _____, 2016 at the Health & Human Services Board room.

Health Advisory Committee: The next meeting will be held on April 13, 2016.

Family Resource Council: The meeting was held on March 7, 2016. Trochinski reported regarding the meeting.

Transportation Coordinating Committee: The next meeting will be held on April 13, 2016.

Advocap/Headstart Report: No report.

ADRC Coordinating Committee Report: The next meeting will be May 12, 2016 at 1:00 p.m. in Marquette County.

Unit Reports: Administrative: Audit of Health & Human Services Billing and Accounting progress to date/Schenck: Van Ness updated Committee members regarding the AVATAR system and the billing process. Discussion followed. Van Ness will review proceeding with legal process regarding the lack of implementation for Netsmart (AVATAR).

Van Ness updated Committee members regarding the account numbers and reporting changes for the budget.

Van Ness reported that Teresa Murkley started as the Receptionist/Data Entry Specialist on March 28, 2016.

Aging/Long Term Care: Van Ness directed Committee members to the attached report.

Van Ness reported that Lisa Zimmerman was hired for the ADRC Resource Specialist and will start on May 9, 2016.

Behavioral Health Unit: Van Ness updated Committee members regarding Behavioral Health activities. See Attached Report.

Children & Families Unit: See attached report.

Van Ness updated Committee that there will be a "CAP run" for awareness of child abuse/neglect in April 23, 2016 in Berlin.

Economic Support Services: Discuss and act on 2012 Resolution regarding Economic Support Worker - Resolution Relating to Economic Support Worker: There was discussion regarding the resolution. This matter will be postponed until next month.

Governor Proclamation - Economic Support Specialists & Case Managers Week - April 18 - 22, 2016: See attached proclamation for Economic Support Specialists & Case Managers Week. Discussion followed.

Fox River Industries: Bathroom Remodeling Update: Van Ness updated Committee members that the bathroom bids are off the table right now.

Maintenance is looking for other potential facilities to house Fox River Industries.

Summer Aide: Van Ness updated committee members regarding the Summer Aide which is hired each summer to help with the increased consumer attendance in the summer. Motion/second (Waterbury/Toney) to allow management staff to hire the Summer Aide for Fox River Industries for summer 2016. All ayes. Motion carried.

Health: Current Health Abatements: None.

The March Health and Environmental Health Reports were presented. (See attached.)

Policies/Procedures Update: None.

Purchases: None.

Health & Human Services Budget 2016: Van Ness reported regarding the 2016 budget and review.

Committee Discussion: Administrative Committee Report: Meyers reported regarding the meetings. The recommendation for the County Board will be to hire a County Administrator and will be presented to County Board through a Resolution. The next Administrative Committee meeting will be May 2, 2016.

Finance: No discussion.

Personnel: Vacant Position(s) Review: ADRC Resource Specialist: Done previously.

Economic Support Worker: Postponed until the revised resolution is presented in May.

Property & Insurance: Trochinski reported regarding the meeting.

IT Committee: Toney reported regarding the IT Committee meeting.

Facilities & Security Committee Report: No report.

The Board May Confer With Legal Counsel: None.

Future Meeting Date: The next Health & Human Services Board meeting will be held on **Tuesday, May 10, 2016 at 5:00 p.m. at Green Lake County Government Center.**

Future Agenda Items For Action and Discussion: Election of Officers; Pro Act Drug; Economic Support Worker resolution; AVATAR - legal matter

Adjournment: Gonyo adjourned the meeting at 6:06 p.m..

DRAFT

GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

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To: Harley Reabe, County Board Chairman

From: Linda Van Ness, Director
Health & Human Services

Date: May 10, 2016

RE: Committee Appointments

Please make the following Committee appointments. Thank you.

Aging Advisory Committee:

Barbara Behlin 2019 (1st Term)

Van Ness, Linda

From: Konecny, Mike <Mike.Konecny@schencksc.com>
Sent: Wednesday, May 04, 2016 3:07 PM
To: Bostelmann, Marge; Van Ness, Linda
Cc: Trautman, Jon T.
Subject: Proposed engagement letters of HHS
Attachments: Second addendum - HS accounting.pdf; UGG assistance - HHS Dept.pdf

Marge/Linda,

Attached are 2 engagement letters as follows:

Second addendum to 9/14/15 engagement letter on restructuring accounting and financial reporting for Human Services – ongoing assistance completed by Bridget Van Laanen to assure compliance with new process

Assistance to HHS Department to document procedures and controls to comply with the requirements of Uniform Grant Guidance issued by US Office of Management and Budget – assistance to be provided by Mike Konecny and Yvette Mueller.

Please review and let me know if you have any questions or proposed changes. We look forward to continuing to work with you as you implement changes and improvements to your financial systems and procedures.

Mike Konecny, CPA

Leader of the Government and Not-for-Profit Team
Schenck SC
2200 Riverside Drive
PO Box 23819
Green Bay, WI 54305-3819
Phone: 920-455-4112
Fax: 920-617-2510

mike.konecny@schencksc.com

<http://www.schencksc.com>

Named one of the Top 25 Best Accounting Firms to Work For by Vault

Check out our upcoming workshops and webinars at www.schencksc.com/events

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This email is intended for the use of the addressee(s) only and may contain privileged, confidential, or proprietary information that is exempt from disclosure under law. If you have received this message in error, please inform us promptly by reply email, then delete this email and destroy any printed copy. Thank you.



May 4, 2016

Marge Bostelmann, County Clerk
Green Lake County
Government Center
571 County Road. A
P. O. Box 3188
Green Lake, WI 54941

We appreciate the opportunity to provide Green Lake County Health & Human Services Department (the "Department") with assistance in developing policies and procedures to conform to the requirements of the Uniform Grant Guidance issued by the Office of Management and Budget General Accounting Office. This letter is to confirm our understanding of the terms and objectives of our engagement and the nature and limitations of the services we will provide.

Approach and Scope

Our services, performed concurrently, will be to:

- Assist the Department in developing an implementation plan to conform to the policies and procedures applicable to federal awards as set forth by the Uniform Grant Guidance. Participate in meetings to assign responsibilities and provide a review of existing policies and procedures to suggest changes as required by the regulations. Provide a final review of any revised information for compliance with the federal regulations.
- Assist the Department in reviewing its current policies and procedures along with the existing internal control system as follows:
 - Review existing internal control documentation of the Department and inquire about other undocumented internal control policies and procedures currently in place. Assess whether they contain the five component standards for internal control and utilize the 17 principles of internal control as set forth in the Government Accounting Office's (GAO) *Standards for Internal Control in the Federal Government*. Assist the Department in drafting revisions to the documentation of its policies and procedures.
 - Provide consultation and assistance to the Department in completing a risk assessment. The risk assessment should include identifying and analyzing risks that will hinder or prevent the accomplishment of operational, reporting and compliance objectives of the Department. In addition, the risk assessment should include responses to each risk identified in the process.



- Provide consultation and assistance to the Department in developing and implementing a general internal control system and internal control activities related to compliance of federal grants that is efficient and effective and meets federal standards as follows:
 - Develop internal control activities to achieve the operational, reporting and compliance objectives. Include specific compliance requirements established for the acceptance of federal grants and awards of the Department.
 - Design internal control activities to achieve objectives and respond to risks identified in the risk assessment.
 - Implement a control system that provides for an ongoing monitoring system and a periodic review of results. Include in the review whether internal or external situations have changed that would necessitate any change in control activities.

If during the course of our assistance we observe other accounting or reporting changes we will bring those to your attention with our recommendations to make changes.

Timing and Cost of the Engagement

We will begin the assistance within 30 days of acceptance of this letter and propose a timetable for completion of the project. We will build our timetable in accordance with the availability of your staff to complete certain portions of the project.

Our fees are based upon the complexity of the work to be performed and our professional time to complete the work at our standard hourly billing rates. Staff assigned to complete the assistance will be experienced members of our Government and Not-for-Profit Team. Hourly rates for personnel assigned to the project will be as follows:

Shareholder	\$170
Supervisor	\$140
Senior	\$110

It is estimated that a range of between 70 to 90 hours will be needed to complete this project resulting in an approximate cost range of \$9,500 to \$12,000. Our invoices are due within 30 days of the date on the billing statement. If payment is not received when due, you will be assessed interest charges of 1% per month on all outstanding balances over 30 days old.

Any additional expenses we incur are billed to you separately (i.e., travel expenses, clerical processing, etc.). We will not perform any services except those identified above without written authorization to do so. It is your responsibility to provide us with all the information necessary to complete the assistance.

Responsibilities of Parties

You should retain all documents that provide evidence and support for the services provided above. You are responsible for the adequacy and accuracy of all such documents.

Our work in connection with this engagement does not include any procedures designed to discover fraud, thefts, errors, omissions or other irregularities, should any exist. However, we will inform you of any such matters that come to our attention.

Termination and Other Terms

We reserve the right to withdraw from this engagement without completing the aforementioned services for any reason, including failure to comply with the terms of this engagement letter or timely payment of fees. If our work is suspended or terminated, you agree that we will not be responsible for any damages (including consequential damages) incurred as a result of the suspension or termination of our work. You also agree to compensate us for all time expended and to reimburse us for all our out of pocket costs, through the date of termination. If any portion of this agreement is deemed invalid or unenforceable, said finding shall not operate to invalidate the remainder of the terms set forth in this engagement letter.

The Department agrees that our maximum liability to the Department for any negligent errors or omissions committed by us in the performance of the engagement will be limited to three times the amount of our fees for this engagement, except to the extent determined to result from our gross negligence or willful misconduct.

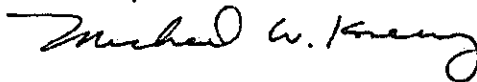
Because there are inherent difficulties in recalling or preserving information as the period after an engagement increases, you agree that, notwithstanding the statute of limitations of the State of Wisconsin, any claim based on our work must be filed within twelve months after performance of our service, unless you have previously provided us with a written notice of a specific defect in our services that forms the basis of the claim.

Schenck acknowledges that all information disclosed by Green Lake County coming to the attention of Schenck during the course of this engagement is confidential information and constitutes proprietary and valuable assets of Green Lake County. Therefore, Schenck agrees not to disclose, either directly or indirectly, to any person, firm or corporation such information of any kind, nature or description unless required by law or authorized by you. This provision shall survive termination of this agreement.

Green Lake County acknowledges that (1) Schenck, Green Lake County and others, if any participating in this engagement may correspond or convey documentation via Internet e-mail unless Green Lake County expressly requests otherwise, (2) no party has control over the performance, reliability, availability or security of Internet e-mail and (3) Schenck shall not be liable for any loss, damage, expense, harm or inconvenience resulting from the loss, delay, interception, corruption or alteration of any Internet e-mail due to any reason beyond Schenck's reasonable control.

We appreciate the opportunity to be of service to you and believe that this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign and return a copy of this letter to us.

Sincerely,



Michael W. Konecny, CPA
Shareholder
Schenck SC

The foregoing has been read, understood and approved, and the undersigned does hereby agree to retain Schenck SC upon the terms and provisions herein.

ACCEPTED BY:

Name: _____

Date: _____

Title: _____

SECOND ADDENDUM TO SEPTEMBER 14, 2015 ENGAGEMENT LETTER

Set forth below are proposed changes to our September 14, 2015 engagement letter for restructuring the accounting and financial reporting process of the Green Lake County Health & Human Services Department (the Department). The redesign of the account codes and procedures for allocation of expenditures for grant reporting purposes have been completed and put into place for the 2016 year. Spreadsheets along with specific procedures for the new system have been provided to County staff and we have reviewed the initial implementation of the new procedures. Because of the extensive nature of the restructuring and revisions to your procedures, it is anticipated that the County will desire the need for additional assistance on a very limited basis. The additional assistance will potentially be necessary due primarily to the complexity of the new procedures and the need for verification of the procedures being applied consistently.

Approach and Scope

Add the following:

- Provide ongoing assistance and review, as requested, to assure compliance with new procedures put in place to complete the monthly accounting and grant reporting

Timing and Cost of the Engagement

Add the following:

- Additional hours, as requested, estimated not to exceed 40 hours at an hourly cost of \$140
- Estimated maximum additional cost of \$5,600

All other terms and conditions remain unchanged from original engagement letter.

Acknowledged and Accepted by:

Schenck SC
Michael W. Konecny, CPA

Green Lake County
Marge Bostelmann, County Clerk

Signed Michael W. Konecny

Signed _____

Date May 4, 2016

Date _____

AGING REPORT - 2016

Mealsites - Berlin Senior Center, Dartford Bay Apartments, Grand River Apartments																			
HOMEBOUND									CONGREGATE										
Berlin			Green Lake/Prince.		Markesan				Berlin			GL/Princeton		Markesan				MEAL PROGRAM	
HDM #	DONATION	HDM #	DONATION	HDM #	DONATION	HDM #	DONATION	HDM TOTAL	HDM TOTAL	CONG	DONATION	CONG	DONATION	CONG	DONATION	CG TOTAL	CG TOTAL	TOTAL	TOTAL
	AMOUNT		AMOUNT		AMOUNT		AMOUNT	MEALS	DONATION	# SERVED	AMOUNT	# SERVED	AMOUNT	# SERVED	AMOUNT	MEALS	DONATION	MEALS	DONATION
January	502	\$1,652.80	462	\$1,506.56	345	\$1,194.00		1,309	\$4,353.36	247	\$878.00	118	\$152.00	114	\$124.00	479	\$1,154.00	\$ 1,788.00	\$5,507.36
February	437	\$2,134.80	505	\$1,643.80	342	\$939.00		1,284	\$4,717.60	254	\$751.10	115	\$277.00	126	\$244.80	495	\$1,272.90	\$ 1,779.00	\$5,990.50
March	446	\$2,322.76	461	\$2,681.32	272	\$980.00		1,179	\$5,984.08	354	\$1,209.00	109	\$16.00	142	\$16.00	605	\$1,241.00	\$ 1,784.00	\$7,225.08
April	474	\$897.00	458	\$972.00	222	\$763.00		1,154	\$2,632.00	257	\$978.00	178	\$248.00	132	\$116.00	567	\$1,342.00	\$ 1,721.00	\$3,974.00
May																		\$ -	\$0.00
June																		\$ -	\$0.00
July																		\$ -	\$0.00
August																		\$ -	\$0.00
September																		\$ -	\$0.00
October																		\$ -	\$0.00
November																		\$ -	\$0.00
December																		\$ -	\$0.00
TOTALS	1859	\$7,007.36	1886	\$6,803.68	1181	\$3,876.00		4926	\$17,687.04	1112	\$3,816.10	520	\$693.00	514	\$500.80	2146	\$5,009.90	\$ 7,072.00	\$22,696.94

BEHAVIORAL HEALTH UNIT – 2016

April , 2016

(4) Emergency Detentions were done.

Fond du Lac County – DCP – \$ \$7,560.00

Three () clients are in **Community Based Residential Facilities:**

Brotoloc North - \$5,763.75

Our House I, II, III LLC - Total \$ 4456.50

Friends of Women in Recovery Beacon House –
Summit House- Total

IMD

Trempeleau County Health Care Center \$9,408.99

Winnebago 2 clients \$6,22.00

Contractual Services – **CCS/CLTS:**

White Pines Consulting, Adams County Regional County CCS Activities

Steve Shekels \$46.00

KD therapy Services – (Katie Douglas) \$611.89 – Comprehensive Community Services (CCS) service assessments, planning, supervision and facilitation for 8 clients.

Wellhoefer Counseling - – CCS Supervision; \$725.00

Contractual Services – **Jail Recidivism:**

Community Options Inc - \$7,203.57

Contractual Services – **Psychiatric/Psychological:**

Kent M Berney, PhD - @ \$175.00/hr \$5,950.00

Dr. Maria Luisa Baldomero - @ \$ 154.74/hr; \$2,398.47

L & R Physician Services: I & R Physician Services LLC ,Gail Tausch MD (e-psychiatry) \$5405.00

Court ordered evaluations:

CHILDREN & FAMILY SERVICES UNIT –April, 2016

Out-of-Home Care – as of 04/30/2016

Foster Care – Level I & II (Range of costs from \$232.00 to 2000.00)
A total of six (6) children were in local foster care. All were in level II homes.

Two (2) children were discharged from foster care during the month of June. They began participation in the Post Reunification Program. They remain in service. The agency is reimbursed \$1100.00/month per child for services received through this program.

Treatment Foster Care – Two (2) youth were placed in Treatment Foster Care through Family Works, Inc. Monthly Cost of case is \$1500.00. The Administrative Rate is \$6 /day for 2016. One youth is placed with Rawhide's Treatment Foster Care program.

Court-ordered Relative Care (\$232.00 month per child)
Two (2) children are in relative care.

Subsidized Guardianship – (\$225.00 month per child) – One (1) Court ordered relative placement was converted to a court-ordered subsidized guardianship.

Kinship Care – Voluntary (\$232.00 month per child)
Nine (9) were in Kinship care at month's end.

Other Exceptional Costs:

Family Training Program - Parent Training & Education:

Nine (9) families in service in April, 2016 - 785.00/ month. Fourteen (14) parents participated in the program that with a total of twenty (20) children, in home and one (1) out-of-home.

Wellhoefer Counseling: Targeted Case Management, In Home Therapy,
Comprehensive Community Services Team Facilitation:
\$3499.13 – served six (6) families.

Progressive Parenting Solutions - Steve Shekels- Parent Training & Parent Mentoring: Eleven (11) Families – total cost – \$3553.00

Community Options Inc. - Mentoring Program/Specialized Services:
March – Mentoring - \$6259.63 – 13 children served. Special SHC - \$220.32;
Special RN - \$0; Childcare - \$156.15.

Nancy Baker – In-Home Therapy: \$320.32 – Two (2) children in-home therapy.

Penny Bahn – Respite Care/Child Mentoring:
\$ –\$450.00 Respite two (2) children for the month of March, 2016

Pillar & Vine – Visitation supervision & transportation Services for children in Foster Care:
Supervision & transportation for four (4) children - \$ 4065.25 – February and March, 2016.

Lutheran Social Services - \$600.00 – Parent Education – January, 2016;
\$960.00 – Parent Education – February, 2016.

KD Therapy Services – Targeted Case Management, In Home Therapy, Comprehensive Community Services Team Facilitation:
\$5121.74 – Services to six (6) children.

Meta House, Inc. - \$7050.00 Residential Drug Treatment for one (1) adult female; 21 days at \$250.00/ 9 days at 200.00/day. Unborn Baby case.

STOP - \$423.50 – GPS monitoring for five (5) youth.

Dr. Alan Hauer - \$1120.00 – psychological evaluation

SOPORT - \$1000.00, Sex offender treatment; not covered by insurance or MA.

Healing Hearts - \$200.00 Neurofeedback; not covered by insurance or MA.

Healthlink - \$460.00 – Hair follicle testing – three (3) adults.



Wisconsin County Mutual Insurance Corporation

MEMO

To: Green Lake County

From: Jodi Traas, Wisconsin County Mutual Insurance Corporation

Date: May 10, 2016

RE: Fox River Industries Safety Survey – April 28, 2016

Loss Control Recommendations:

2016-4-1: The operation of cutting the corn and packaging the corn creates a large amount of corn dust. Years ago there were these Delta Air Cleaners (2) in place. The proper procedure of replacing the filters was not done on these units but rather blowing them out. Staff did not find these to be very effective but easily could have been due to the improper technique of repair and filter replacement. The units have not been in operation for a year. The ventilation fan was also not turned on during our visit so no air was circulating.



The corn production creates a lot of dust that filtrates throughout the entire facility. It would be very beneficial if this production was in its own room and proper ventilation with fresh air intake and filtration was provided. Determine the best process for cleaning up the corn dust to eliminate further inhalation of the dust when sweeping. A wet process may be necessary. The below website has extensive beneficial information.

<http://fyi.uwex.edu/agsafety/confined-spaces/grain-storage-and-handling/human-health-concerns-from-grain-dusts-and-molds-during-harvest/>

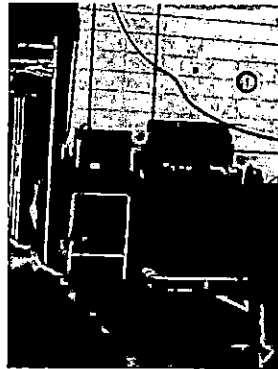
Safety and health are the responsibility of your employees and management. Our visits are provided to assist management. The above suggestions were developed from conditions observed at the time of our visit. They do not include every loss potential, violation of code, statute or regulation, or exception to good practice, and are not intended as a substitute for ongoing safety / loss control programs and practices designed and implemented by your management.

Green Lake County

Loss Control Recommendations Continued

2016-4-2: Regular preventative facility maintenance needs to be conducted and maintained.

2016-4-3: Forklift Battery Charging Station. This station needs to be away from production, personal protective equipment provided and an eye wash station since sulfuric acid is used during the process. Below is a link to a website with more detailed



information required for battery charging.

<https://www.grainger.com/content/qt-safety-forklift-battery-charging-station-112>

2016-4-4: Fire Safety Hazards. Provide flammable storage cabinets for the flammable materials on the shelf.



The furnace is positioned on flammable material (wood platform).

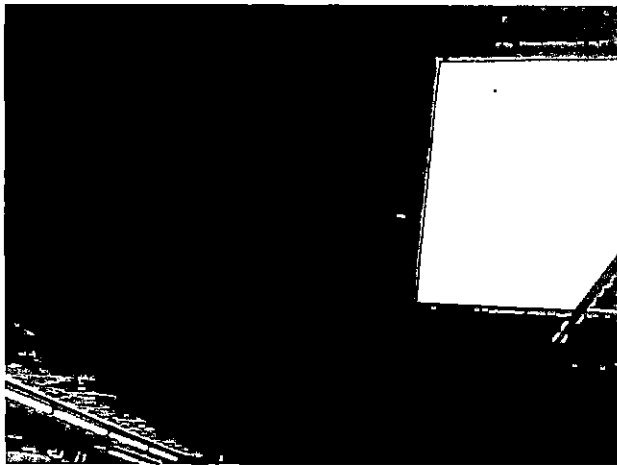
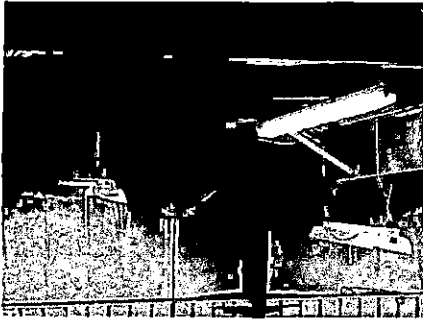
Safety and health are the responsibility of your employees and management. Our visits are provided to assist management. The above suggestions were developed from conditions observed at the time of our visit. They do not include every loss potential, violation of code, statute or regulation, or exception to good practice, and are not

intended as a substitute for ongoing safety / loss control programs and practices designed and implemented by your management.

Green Lake County

Loss Control Recommendations Continued

Electrical wiring should be reviewed to ensure it is up to date for the industry and not a fire hazard.



Ceiling tiles indicate water damage.

If the leak has been repaired the ceiling tiles should be replaced.

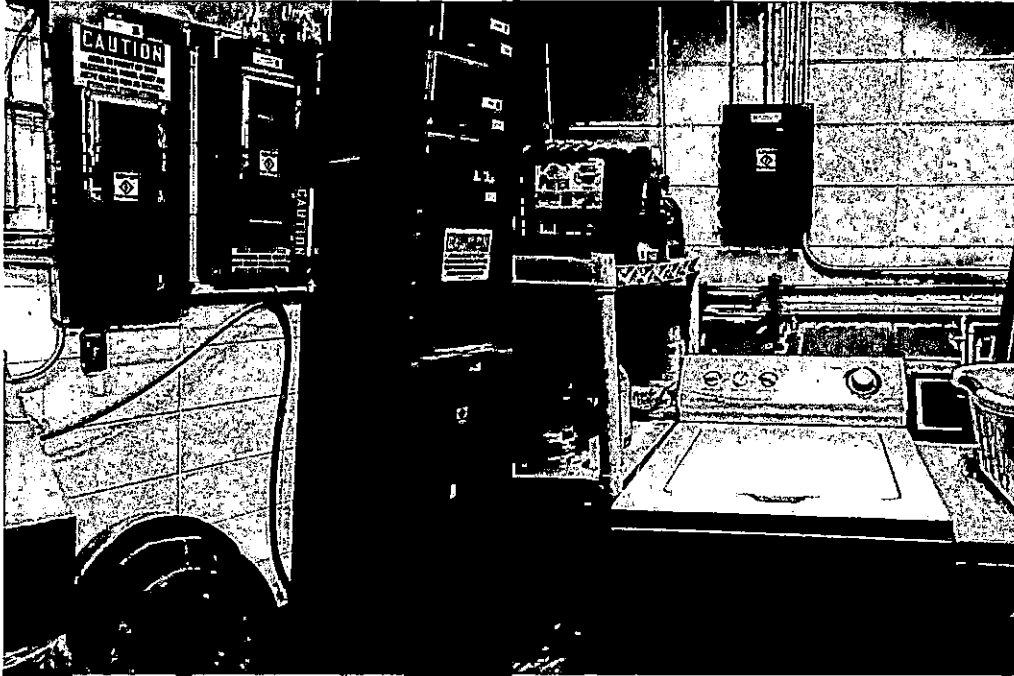
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not include every loss potential, violation of code, statute or regulation, or exception to good practice, and are not intended as a substitute for ongoing safety / loss control programs and practices designed and implemented by your management.

Green Lake County

Loss Control Recommendations Continued

2016-4-5: Life Safety: Electrical Panels and fire extinguishers should not be blocked.



Safety and health are the responsibility of your employees and management. Our visits are provided to assist management. The above suggestions were developed from

conditions observed at the time of our visit. They do not include every loss potential, violation of code, statute or regulation, or exception to good practice, and are not intended as a substitute for ongoing safety / loss control programs and practices designed and implemented by your management.

RESOLUTION NUMBER ___ - 2016

RELATING TO INCREASING HOURS OF ECONOMIC SUPPORT WORKER POSITION

The County Board of Supervisors of Green Lake County, Green Lake, Wisconsin, duly assembled at its regular meeting begun on the 17th day of May, 2016 does resolve as follows:

WHEREAS, Resolution Number 30-2012 created a part-time (20 hours/week) Economic Support Worker position in the Economic Support Unit; and,

WHEREAS, This position would more effective and efficient as a "Regular" Part-time employee that can work up to 40 hours per week when caseloads increase and fluctuate. All applicable benefits will apply; and,

NOW, THEREFORE, BE IT RESOLVED, that the Green Lake County Board of Supervisors authorizes the part-time position to be revised to a "Regular" part-time (up to 40 hours per week) based on caseloads and fluctuation. See attached Fiscal Note. This position will be fully funded by Income Maintenance funding.

Roll Call on Resolution No. ___ - 16 Submitted by Health & Human Services Board

With the recommendation to Approve/Disapprove

Aye __, Nay __, Absent __, Abstain __.

Passed and Adopted/Rejected this
17th day of May 2016

Joe Gonyo,, Chairman

John Gende, Member

County Board Chairman

Joy Waterbury, Member

ATTEST: County Clerk
Approved as to Form

Nolan Wallenfang, Member

Corporation Counsel

Richard Trochinski, Member

Nick Toney, Vice Chairman

Harley Reabe, Member

Brian Floeter, Member

Candace Smith, Member

5/9/2016

FISCAL NOTE - PERSONNEL COSTS

2,016.00

DEPARTMENT:

DEPARTMENT OF HEALTH & HUMAN COMMITTEE: HUMAN SERVICES

ACCOUNT #:

	POSITION TITLE	NAME	RATE	HOURS	WAGE	FICA	RET-C	RET-E	HEALTH INS	L-INS	TOTAL
Current Resolution 30-2012											
HSESU	Economic Support Worker	Vacant	18.90	1,040.00	19,656.00	1,503.68	0.00	0.00	0.00	0.00	21,159.68
Revised Resolution May 2016											
HSESU	Economic Support Worker (average of 30 hours/week)	Vacant	18.90	1,560.00	29,484.00	2,255.53	0.00	0.00	1,500.00	0.00	33,239.53
Difference											12,079.84

This position will be fully funded with Income Maintenance revenues.

This position already works approximately 30 hours/week.

Request for paid summer intern position to assist with Community Needs Assessment and other projects.

Green Lake County Public Health Department would like to use some of our grant funding for a paid summer intern. We will be working on a new Community Health Assessment (CHA) in the summer of 2016. The intern will be assisting with this process and it will include working with 5 other contiguous counties including working with their health officers. The intern will assist with gathering data to see how we match up to the WI State Health plan objectives and provide measurable goals and objectives for the Health Department as we move into the implementation phase of the plan. This process may include doing key informant interviews, focus groups and completing documentation of the process. In addition, the intern will also be a part of the Green Lake County Wellness Coalition and assist our Action Teams that address issues related to Mental Health/Substance Abuse, Nutrition, Physical Activity and Healthy Growth and Development. We would also like to incorporate this intern into the environmental health program to do safety and preparedness with our summer recreation camps.

Our proposal is to have the student work for 6 weeks x 25 hours per week at a cost of \$10 per hour for a total stipend of \$1500.

Thank you for your consideration of this project.

April 25, 2016

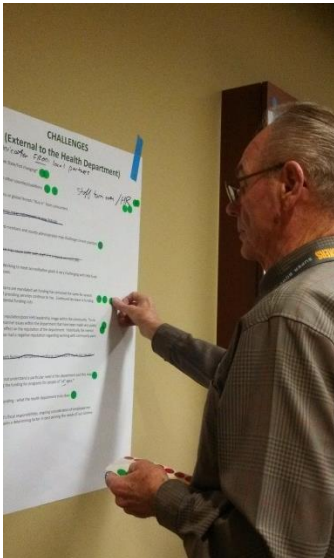
Health Unit Report

April 2016

The Health Unit is very busy working on our Strategic Plan along with our Community Health Assessment (CHA). These are program requirements that need to be done every 5 years.



Health Advisory Board members, Dr. Jeanne Lyke, Jean Kessler, and DHHS Director Linda Van Ness share their thoughts on the Strength, Weaknesses, Opportunities and Challenges (SWOC) as we work on our Strategic Plan.



At left, County Board Chairman, Jack Meyers shares his thoughts on the SWOC Analysis as part of the process of updating our Strategic Plan. The Strategic Plan is an internal document which is completed every 5 years and helps to guide us as a Health Unit to perform at our highest level. We have used the services of Jay Dampier from the UW-Extension as our facilitator for this process. Staff members and board members identified many strengths such as good community partnerships, experienced staff, strong leadership, good response to local emergency situations as well as challenges which included unfunded mandates and getting all board members to understand what we do. The

final report will be shared with the Human Services Board once completed this summer. We are doing our Community Health Assessment (CHA) quite differently this time. We are collaborating with Marquette, Juneau, Adams, Waushara and

Waupaca Counties to complete this. The health officers and staff from all 6 counties have been meeting for several months to gather data and perform key informant interviews as we work to complete the CHA.

Other highlights from the month included:

- Public Health Nurses covered for the Behavioral Health Unit nurse while she was off for medical leave. This included giving injections, medications and taking doctors' orders when needed.
- The Tri-County Environmental Health staff held a training for non-profit organizations on preparing food for events. This helps to save the organizations money and provide better food service.
- We worked with Marian University nursing students on educating non-profits about serving alcohol at festivals. Packets were provided so a group who applies for a temporary liquor license is educated on checking ID's, not overserving and many other tips to reduce alcohol abuse.
- The Healthy Babies Coalition provided training to over 100 people on the effect of Adverse Childhood Experiences. The training was excellent with great evaluations. The coalition is comprised of staff from Green Lake, Marquette and Waushara counties.
- Public Health Nurses completed wellness checks on the highway department as part of our worksite wellness program. All staff set goals for the year to improve their health.
- Melanie Simpkins provided training to the TRIAD group on pre-diabetes and ways to prevent diabetes with healthy diet and weight control.
- As part of our Ebola grant funding, we had to attend a table-top drill in Appleton to discuss with our healthcare partners how we would handle a case of Ebola. It was a very good training with presenters who had actually gone to Liberia and Sierra Leone to work with Ebola patients and families.
- UW-Oshkosh worked with staff and did a presentation at Berlin and Princeton Senior Centers about the Drug Drop Boxes that have now been placed around the county. Over 400 pounds of drugs were collected last year!
- We worked with all 4 school districts also to do the "Parents Who Host, Lose the Most" campaign during prom and graduation time. Berlin High School used the stickers as entry tickets into post prom. We provided the school with banners, yard signs, window clings and stickers.
- Tracy Soda attended the statewide TB summit to get educated on the latest updates on TB. It was recommended that staff be tested upon employment

and then do risk assessment forms each year thereafter instead of annual TB skin tests which we currently do. We will be revising our policy.

- Melanie Simpkins and I attended a training from the Community Health In Practice grant that we received (CHIA). We learned about effective data sharing and marketing your agency. It was very interesting and we will be using some of the information learned for the CHA.
- Jeri Loewe and I were able to use scholarship funding from the CDC to attend the 2016 Preparedness Summit in Dallas in April. The sessions were quite amazing with speakers on everything from Zika Virus, Preventing and reacting to Active Shootings, Tornado Preparedness, Successes on Dealing with Ebola, Disaster Mental Health, Strengthening Healthcare Coalitions, All Hazards Approach to Building Community Resiliency, Responding to a Surge of Pediatric Victims. One of the overall themes for the conference was building resiliency in your community so people could recover more quickly after a disaster. One of the presenters suggested that we teach people to camp so they can survive a few days without electricity or water. The summit provided excellent opportunities for us to network with experts from a number of disciplines from across the country. We felt very thankful that we were allowed to attend.



Left: Kathy goes through a Radiological Contamination Center as part of a mass screening event at the summit. And at right, Fred the Preparedness Dog and his owner discuss how they go into schools and teach them how to be prepared for disasters.

Environmental Health
Green Lake County
APRIL 2016

Animal Bites: # of investigations – 2
Reported Animal Bites – 2
Quarantines for Human Exposures – 2
Quarantines for Animal v. Animal Exposures – 0
Quarantine Violations and Enforcement Actions Taken – 0
Animals Exhibiting Positive Signs of Rabies During Quarantine – 0
Animals Exhibiting Negative Signs of Rabies During Quarantine – 2
Enforcement Actions Taken for Violations of Vaccination Requirements – 0
Animals Sacrificed for Exhibiting Symptoms of Rabies or Being Rabies Suspects-0

Well Water: 1 phone call for well in GL. No reports.

Lead: Completed 3 days of training for certified lead investigator. Still need to schedule and complete State exam. Communication with State lead program regarding Axel Rivera case and closure. Nurse K. Schneider completed nursing case management closure form, but environmental case is not closed yet as there was still some work on the exterior of the property to be completed. Once I complete my certification, I will be able to close the case and submit forms to State.

Sewage: None.

Solid Waste: None.

Radon: 3 test kits distributed. Still working on revising Tri-County Radon policy.

Housing: 1 call about issues at a rental property. Tenant was being evicted and did not want to pursue action since it involved interaction with property owner. 1 housing investigation in Waushara County.

Asbestos: None.

Food/Water Illness None. Working on revising outbreak investigation manual.

Abandoned Bldgs: None.

Other: EH Supervisor, Mary Robl, was away at a training for almost a week and I covered EH responsibilities in all 3 counties as new EHS in Marquette Co. is still in training.

1 day Food Safety training for temporary restaurants in Neshkoro. Food Safety Advisory Committee meeting in Wautoma. 1 days in EH meeting. 3 days in Milwaukee at Lead Hazard Investigator training.

Agent 9 regular inspections in GL County and 5 new facility site visits/meetings. 3 food inspections in Waushara County. 5 inspections in Marquette County and training of new inspector.

GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

CLIENT RIGHTS GRIEVANCE RESOLUTION PROCEDURE

I. PURPOSE, APPLICABILITY AND DEFINITIONS

A. INTRODUCTION. Anyone who is receiving services for mental health issues, substance abuse or a developmental disability in Wisconsin has the “patient rights” set forth in § 51.61(1), Wis. Stats. Included in those rights is access to a grievance resolution system which is in compliance with subchapter rules developed by the Department of Health Services. The rules for the state grievance resolution process are set forth in Subchapter III of DHS 94, Wisconsin Administrative Code.

B. PURPOSE. This procedure constitutes program guidelines and requirements for compliance with the established state grievance resolution system.

C. APPLICABILITY. These procedures apply to Green Lake County Department of Health & Human Services.

D. DEFINITIONS.

1. "**Administrator**" means the administrator of the Division of Mental Health and Substance Abuse Services (DMHSAS) in the Department of Health Services.
2. "**Client**" or "**patient**" means any individual receiving services for mental illness, developmental disabilities, alcoholism or drug dependency, including anyone admitted to a treatment facility in accordance with Chs. 51 or 55, or who is detained, committed or placed pursuant to Chs. 51, 55, 971, 975, or 980, or who is receiving care or treatment for those conditions through the department or a county department under § 51.42 or § 51.437, or in a private treatment facility. In private or public general hospitals, a client or patient includes any individual admitted for the primary purpose of treatment of mental illness, developmental disability, alcoholism or drug abuse, but does **not include** people who receive treatment in a hospital emergency room or who receive treatment at those hospitals on an outpatient basis, unless the person is receiving services specified above. [Sec. 51.61(1), Stats.]
3. "**Client Rights Office**" is the office within the Division of Mental Health and Substance Abuse Services that includes the State Grievance Examiner (SGE). [DHS 94.53(2)]
4. "**Client Rights Specialist**" (**CRS**) means a person designated by a program or a coalition of programs to facilitate informal resolution of concerns where

- requested and to conduct program level reviews of grievances and make proposed factual findings, determinations of merit, and recommendations for resolution which are provided to the Program Manager and the client. [DHS 94.02(4)]
5. “**Complainant**” or “**Grievant**” refers to the person bringing a grievance on their own behalf, or on behalf of a client. [DHS 94.02(20)]
 6. “**Concern**” means a complaint, disagreement, or dispute which a client, or person on behalf of a client, may have with a program or its staff which the client chooses to resolve through the informal resolution process. [DHS 94.02(7)]
 7. “**Department**” means the Wisconsin Department of Health Services (DHS). [DHS 94.02(10)]
 8. “**Director**” means the administrator of the Green Lake County Department of Health & Human Services or the person directing the activities of any other service provider. [DHS 94.02(11)]
 9. “**Emergency situation**” means a situation 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. [DHS 94.02(14)]
 10. “**Founded**” means there has been a determination by the person conducting the review at any level of the grievance process that a violation of a right guaranteed to the client under DHS 92 or 94, or Ch. 51, Stats. [DHS 94.41(3) (a) 1]
 11. “**Grievance**” means a statement by a complainant that an action or an inaction by a program or its staff has abridged the client’s rights guaranteed under § 51.61, Stats., or DHS 92 or DHS 94, Wis. Admin. Code, combined with a request that the matter be dealt with through the program’s formal grievance resolution procedure. [DHS 94.02(17)]
 12. “**Informal resolution process**” means the process which offers clients and persons acting on behalf of clients the option of seeking informal resolution of their concerns, during which time the applicable time limits for completing the steps in the formal procedure are suspended. The formal resolution process may be resumed at any time. [Note: Attempting informal resolution is not appropriate in all situations.] [DHS 94.40(4)]
 13. “**Program Director**” or “**County Director**” is the person appointed to administer the Green Lake County Department of Health & Human Services programs. [DHS 94.02(36)]

15. **“Program Manager”** refers to the individual in charge of the operation of this program, responsible for the program level review, who has the specific authority to approve and implement decisions made through the grievance resolution process. [DHS 94.02(37)]
16. **“QMRP”** means a Qualified Mental Retardation Professional who is assigned to a client residing in a county or community based Intermediate Care Facility for the Mentally Retarded (ICFMR). This includes ICF/MR wings (per distinct part licensure) of other facilities such as nursing homes. [42 CFR sec. 483.430(a), Code of Federal Regulations.]
17. **“State Grievance Examiner”** (SGE) means a staff person of the department who is designated by the department Secretary to conduct Level III reviews of grievances appealed from the program or county level review. [DHS 94.02(18)]
18. **“Unfounded”** means there has been a determination by the person conducting the review at any level of the grievance process that the complainant’s rights have not been violated or that the grievance is without merit or is not a matter within the jurisdiction of DHS 92 or 94, or Ch. 51, Stats. [DHS 94.41(3) (a) 2]

II. INFORMING CLIENTS OF THEIR RIGHTS

- A. Upon admission to out-patient services at the Green Lake County Department of Health & Human Services, each client, parent of a minor, or guardian of an adult or minor (if applicable) shall be given a copy of a pamphlet or other document explaining the rights of the client and summarizing the grievance resolution process. Clients, parents or guardians may request additional copies and any reasonable request shall be granted. The pamphlet or document shall contain the name, address and phone number of the program’s CRS. [Sec. 51.61(1) (a), Stats. and DHS 94.04]
- B. Posters describing client rights and the grievance resolution process shall be placed in locations in each program area where anyone can easily read them. Posters shall contain the name, address and phone number of the program's CRS. [DHS 94.04(5) Note]
- C. Clients or persons acting on their behalf must have access to complete **copies** of § 51.30 and § 51.61, Wis. Statutes, and DHS 92, and DHS 94, Wis. Administrative Code. [§ 51.61(1) (a), Stats., and DHS 94.04]
- D. Staff shall assist clients and guardians, parents and advocates (whoever is involved) in understanding and using the grievance system. Such assistance shall take the form of oral, written or video instructions. [DHS 94.40(7) & 94.04]

- E. If, on admission, a client is unable to understand the notification of rights, written and oral notification shall be made to the parent (of a minor) or guardian (of an adult or minor), if available or, in the case of an outpatient, before treatment is begun, and to the patient when they are able to understand. [DHS 94.04(4)]
- F. Clients who receive services for an extended period of time shall be orally re-notified of their rights at least annually, and be given another written copy of their rights if they request such, or if there has been a statutory or administrative rule change in any of their rights since the time of their admission. [DHS 94.04(3)]
- G. Each Program Manager and the Director of the Green Lake County Department of Health & Human Services shall ensure all of their employees who have any patient contact are aware of the requirements of DHS 94, and of the criminal and civil liabilities for rights violations, and of the protection for reporting violations of rights to licensing agencies. [DHS 94.30(1)]
- H. In the event that a contracted treatment facility does not comply with an applicable requirement of DHS 94, the county department shall notify the DHS of the specific non-compliance within seven (7) calendar days of its discovery. [DHS 94.30(2)]

III. THE CLIENT RIGHTS SPECIALIST (CRS)

- A. The Green Lake County Department of Health & Human Services shall designate one or more persons as CRS to investigate grievances, attempt to resolve problems involving client rights, and make recommendations as to the disposition of grievances. [DHS 94.02(4) and DHS 94.40(3)]
- B. In order to effectively perform their tasks, a CRS should possess the following traits and talents:
 - 1. Credibility with both clients and staff;
 - 2. Ability to solve problems and mediate disputes;
 - 3. Ability to adequately investigate grievances; and
 - 4. Ability to write complete and accurate verbal and written reports of factual situations.
- C. The Green Lake County Department of Health & Human Services shall designate at least one alternate CRS, or specify how they will arrange for an alternate CRS to act when the CRS is not available or has a conflict of interest regarding a specific grievance. [DHS 94.40(3)]

- D. The Client Rights Specialists shall be offered the following training: [DHS 94.40(2) (d) and 94.40(5) (b)]
1. Conducting program level reviews and inquiries;
 2. Preparing reports to include factual findings, determinations of merit, and recommendations for resolution (whether or not client rights violations were found to have occurred);
 3. Completing the review process within required time limits;
 4. Maintaining impartiality in conducting the review;
 5. Permitting both clients and staff an equal opportunity to be heard during the investigation process;
 6. Following the procedures used in this grievance process;
 7. Employing techniques for informal resolution of concerns and grievances,
 8. Interpreting and applying the provisions of client rights laws in Ch. 51, Stats., and DHS 94 and DHS 92, Wisconsin Administrative Code.
- E. The CRS may be an employee of the program or of one of the programs in the Green Lake County Department of Health & Human Services, or may be a person under contract to a program or a coalition of programs. However, the CRS assigned to conduct a program level review shall not have any involvement in the conditions or activities forming the basis of the client's grievance, or have any other substantial interest in those matters arising from his or her relationship to the program or the client, other than employment. [DHS 94.40(3) (c)]
- F. Program Managers and the Green Lake County Director of the Department of Health & Human Services shall take steps to ensure and protect the neutrality of CRSs conducting grievance reviews by establishing conditions which allow them to be objective in their actions, and not allow retribution against them for unpopular decisions. [DHS 94.40(5) (a)]

III. ACCESS TO THE GRIEVANCE RESOLUTION PROCESS

A. Who can file a grievance?

1. The grievance resolution process may be used by and on behalf of all clients. [DHS 94.40(1)]
2. No person shall be subject to discipline or retribution for filing or assisting in filing a grievance, for pursuing a remedy through the grievance resolution process, or for participating in any manner in this process. No sanctions will be threatened or imposed against any person, including an employee of DHS, a county department, or a service provider, who **assists** a client in filing a grievance. [DHS 94.40(6)]
3. Complaints of clients or persons acting on their behalf relating to the failure of a program to have a grievance resolution system, or alleging that a grievance resolution system does not meet state standards, may be submitted directly to the State Grievance Examiner at the Client Rights Office. The State Grievance Examiner shall then conduct an investigation and proceed in accordance with the steps outlined in DHS 94.51.

B. How may clients or others file grievances?

1. Grievances may be presented to the Program Manager, CRS, or any staff person in writing, orally or by any alternative method of communication ordinarily used by the client. [DHS 94.41(1) (b)]
2. If the grievance was presented orally or through an alternative form of communication, the CRS shall assist the client in putting it into writing for use in the ongoing process. A copy of the written grievance shall then be given to the client and complainant. [DHS 94.41(2) (b)]
3. Forms for filing a grievance shall be made conveniently available in many locations to all clients and persons acting on their behalf. However, it is not required that a form be used.

C. What if the complainant is not the client?

1. Grievances brought by a client's guardian or parent of a minor are considered to have been brought by the client.
2. If a grievance is brought on behalf of a client by another person, who is not the parent of a minor or guardian the CRS shall inform the client, and parent or guardian as may be relevant, of the complaint and shall determine if the client, or parent or guardian, wishes to have the grievance investigated and resolved through the formal resolution process. [DHS 94.49 (2)]

3. If the client, parent of a minor client, or guardian, is opposed to using the formal resolution process, the CRS may proceed with the investigation only if there are reasonable grounds to believe that failure to proceed may place the client or other clients at risk of physical or emotional harm. If there is no parent or guardian, or s/he is not available, and the client is unable to express an opinion, the CRS shall proceed with the investigation. [DHS 94.49(3)]
4. If a complaint is filed on behalf of a client, and the client expresses a wish that it not be investigated, and no compelling circumstance appears to exist, and if the CRS decides not to do an investigation in this circumstance, a copy of the grievance and a statement should be written noting why there was no investigation. This documentation should be retained in the CRS's files.

D. Does the complainant have any appeal rights if the CRS does not proceed?

1. If the CRS exercises his or her discretion not to proceed with the investigation of a complaint because the client, parent or guardian opposes it, the person bringing the complaint on behalf of the client must be informed of the right to appeal that exercise of the CRS's discretion to the next level of the formal grievance process.
2. If the CRS's exercise of discretion is appealed, the only issue on appeal will be whether or not the CRS abused his or her discretion. The substantive issues will not be addressed on appeal, only whether or not the investigation should have been proceeded with.
3. If, on appeal, it is found that the CRS abused his or her discretion not to proceed with the investigation, the complaint shall be remanded back to the CRS for the investigation.
4. If, on appeal, it is found that the CRS did not abuse his or her discretion not to proceed with the investigation, the complainant shall be informed of the right to appeal that decision to the next level of the formal grievance process.

E. Are there limits to the number of complaints that can be filed?

1. There is no limit to the number of grievances that any person may submit.
2. Where a complainant has multiple pending grievances at the program level, the CRS may establish an expanded timetable with specific priorities for investigating and / or resolving the grievances in a manner which appears most likely to deal with the issues in an efficient manner while addressing the most serious allegations first. This timetable may exceed the time limits referred to herein, but shall include reasonable time limits for completing the inquiry in each grievance. The CRS shall notify the client or person acting on

his/her behalf, and the Program Manager of the timetable and priorities for resolution of multiple grievances within 10 days after beginning the inquiry. [DHS 94.46(1)]

3. If there is an objection to the proposed timetable or priorities for processing multiple pending complaints, the CRS shall attempt to reach an informal resolution. If the client or person acting on his/her behalf, or the Program Manager continues to object, that person may request a review of the issue by the Green Lake County Director of Health and Human Services or State Grievance Examiner, whichever would normally hear an appeal of the program level review. In the absence of a request for such review, the timetable and priorities established by the CRS shall be controlling. [DHS 94.46(2)]
4. If a client has presented the same grievance against several programs, each of which would ordinarily use a different CRS, the CRSs from all the programs named in the grievance may either: [DHS 94.48(1)]
 - a. Jointly conduct the investigation;
 - b. Delegate the task to one or more of the CRSs involved; or,
 - c. Refer the matter to the county department or the State Grievance Examiner for a county review or Level III.
5. If a client has presented the same grievance against several programs, each of which would ordinarily use a different CRS, the CRS or CRSs designated to handle the matter may opt to extend the time limit for investigating the matter as if it were a situation where a client has multiple pending complaints. [See Secs. III.D. 2 and 3, above and DHS 94.48(2) & (3)]

F. How are group complaints handled?

1. Complainants may file a grievance as a group, or two or more clients may have presented individual grievances involving the same circumstance, or related circumstances involving a single program. In this instance, the CRS may conduct the investigation as if it were one grievance (a “class action”) and prepare one report. However, the CRS may, if he or she deems that there are significantly different issues among the grievances, render separate reports on those issues. [DHS 94.47(1)]
2. If the CRS believes that investigating a “class action” grievance will require more time than allowed by the time limits referred to herein, the CRS shall establish a reasonable time frame for completing the inquiry.

- a. The CRS shall notify the clients, anyone acting on their behalf, and the Program Manager of the time limit within 10 days after beginning the inquiry. [DHS 94.47(2)]
 - b. If there is an objection to the proposed time limit, the CRS shall attempt to reach an informal resolution of the objection. If any client(s), or persons acting on their behalf, or the Program Manager continues to object, that person may request a review of the issue by the Green Lake County Director of Health and Human Services or State Grievance Examiner, whichever would normally hear an appeal of the program level review. In the absence of a request, the timetable established by the CRS shall be controlling. [DHS 94.47(3)]
3. When grievances are investigated as a "class action", and one CRS report and/or program level decision is rendered on all of the grievances, each complainant shall receive a copy of that report or decision, and any complainant may request review at the next highest level of the grievance resolution process. [DHS 94.41(3) (e)]

G. Are complaints confidential?

1. All grievances are confidential and the name or other identifying information of the complainant or client shall not be released to any person whose knowledge of that information is not necessary for the resolution of the grievance.
2. Copies of grievance decisions can be provided to anyone who is interested, after the name (or any other identifying information) of the client involved in the grievance has been purged (blocked out). [DHS 94.41(3) (f), DHS 94.42(9), DHS 94.43(5), and DHS 94.44(8)]
3. A person filing a grievance on behalf of a client, who is not a parent of a minor or a guardian, does not have a right to get confidential information about the client, and may receive such information as part of the investigation or resolution of the grievance only with the informed written consent of the client, guardian, or parent of a minor if the parent's consent is required for release of information. If there is no consent, the CRS can inform the complainant regarding the merit of the grievance but cannot share the text of the report if it contains confidential information. [DHS 94.49(4) & (5)]

H. What happens if a court action is filed about a pending complaint?

1. In accordance with § 51.61(7)(d), Wis. Stats., clients, or persons acting on their behalf, are not required to use the grievance resolution process prior to bringing an action in court to enforce client rights or seek damages for rights violations. [DHS 94.51(6)]

2. Upon filing of a court action on the same issues raised in a pending grievance, the person handling the grievance at the time of such filing has the discretion to terminate processing of the grievance.

IV. TIME FRAMES FOR FILING AND PROCESSING OF GRIEVANCES

A. EMERGENCY SITUATIONS

1. When an emergency situation is alleged to exist at the program level the staff person receiving the grievance or request for an [emergency] investigation shall immediately present the matter to the Program Manager or designee, who shall then assign a CRS as soon as possible but no later than twenty-four (24) hours after the request was received.
2. If the CRS determines that it is an emergency situation, the CRS shall complete the inquiry and submit a report to the Program Manager within five (5) days from the date the grievance was presented.
3. If preliminary investigation indicates that no emergency exists, the CRS may then treat the situation as a non-emergency for the remainder of the process. The CRS shall document the reasons for determining that no emergency exists and shall provide such documentation to the complainant within five (5) days of receipt of the grievance. The complainant shall be given the option of appealing the determination that there is no emergency situation to the next level of the grievance process.
4. In an emergency situation, the written decision by the Program Manager shall then be issued within five (5) days of receipt of the CRS report unless there is an agreement to extend this period of time while further attempts are made to resolve the matters still in dispute.
5. In any request for review of the Program Manager's decision in an emergency situation, the Program Manager or designee shall, within three (3) business days of receiving the request, transmit the grievance and any related materials to the next level of the grievance process.
6. In an emergency situation, the written decision by the person responsible for conducting the next level of review shall be issued within 10 days after the request was presented to the Program Manager.

B. NON-EMERGENCY SITUATIONS – FORMAL PROCESS

1. A grievance must be filed, orally or in writing, within 45 days of the occurrence of the event or circumstance complained of, or of the time when

the event or circumstance was actually, or should reasonably have been discovered. [DHS 94.41(5) (a)]

2. The 45 day limit for filing a grievance may be extended for good cause by the program director. If an extension is not granted, the complainant may appeal that decision to the higher levels of the grievance resolution process on the issue of whether good cause exists for an extension. "Good cause" includes, but is not limited to, circumstances in which there is a reasonable likelihood that despite the delay: [DHS 94.41(5) (a) 2]
 - a. Investigating the grievance will result in an improvement of care or prevention of harm to the client in question, or other clients in the program; or
 - b. Failing to investigate the grievance would result in substantial injustice.
3. Any grievances received by program staff shall be presented to the Program Manager or designee as soon as possible but not later than the end of the staff person's shift. If the grievance is delivered to the Program Manager or designee, s/he shall assign a CRS to the grievance within three (3) business days. [DHS 94.41(5) (b) 1 and 2]
4. The CRS shall complete the investigation and submit the CRS's report within 30 days from the date the grievance was presented, unless applicable time limits were suspended while informal resolution was attempted. [DHS 94.41(5) (b)3]
5. The Program Manager's decision shall be issued within 10 days of receipt of the CRS's report, unless the relevant parties agree to an extension of the 10 day time period while further attempts are made to resolve the matters still in dispute. [DHS 94.41(5) (b) 4]

C. INFORMAL RESOLUTION PROCESS

1. Clients and persons acting on their behalf shall have the option of seeking informal resolution of their concerns. [DHS 94.40(4)]
2. Any person who feels that a client's rights have been violated is encouraged to informally discuss the situation with the people or staff involved in order to try to resolve the problem. The CRS shall help facilitate such a discussion, upon request. [DHS 94.41(4) (d)]
3. This informal resolution process is optional and not a prerequisite for pursuing a formal grievance. [DHS 94.40(4) (b)]

4. The informal resolution process is not appropriate in all situations. All parties, including the CRS, staff and the client and their advocate, must be willing to participate in the process with respect for each other, an open mind, and a willingness to reach resolution. If the CRS determines that informal resolution is not appropriate, the CRS has discretion not to attempt to facilitate that process, even if the client or another party requests it, or to terminate the process once it has begun.
5. The informal resolution process may be used pending initiation of the formal resolution process or at any time during the formal resolution process, and a complainant can request to switch from the formal to the informal resolution process. [DHS 94.40(4) (c)]
6. Applicable time limits shall be suspended during use of the informal resolution process until a complainant or any party requests that the formal process begin, or resume. [DHS 94.40(4) (e) and DHS 94.40(5) (e)]
7. If the informal resolution process is used and the matter resolved with the CRS's involvement, the CRS shall prepare a brief report summarizing the resolution and file it with the Program Manager, with copies to the client, and anyone acting on their behalf, and the client's parent(s) or guardian (as applicable). [DHS 94.40(3) (e)]
8. While program staff should attempt to resolve a grievance when it is presented, or via use of the informal resolution process when possible, if the formal resolution process is requested program staff shall refer the grievance to a CRS. [DHS 94.41(1) (c) and (f)]

V. CONDUCTING PROGRAM LEVEL REVIEWS

A. CRS's INVESTIGATION

1. The CRS shall meet with the complainant and or client and any staff member named in the grievance, identify the matters in issue, and explain the formal grievance resolution process. [DHS 94.41(2) (a)]
2. At this point the CRS may need to assist in putting the grievance in writing. A copy of the written grievance shall be given to the complainant / client and included in the report. [DHS 94.41(2) (b)]
3. If there are facts in dispute, the CRS shall conduct an inquiry into the incidents or conditions which are at issue in the grievance. [DHS 94.41(2) (c)]
4. The CRS shall have full and unimpeded access to all information necessary to investigate the grievance, as well as all relevant program areas and all

records pertaining to the issues that were raised in the grievance. [DHS 94.41(2) (c) 2]

5. If an inquiry requires access to confidential information protected by Sec. 51.30, Stats. and the CRS does not otherwise have access to that information per an exception found in Sec. 51.30(4) (B), Stats., the client, guardian or parent (as applicable) shall be asked to consent in writing to the release of the information needed by the CRS. If written consent for access is not provided, attempts may be made by the program and / or the CRS to resolve the matter through the informal resolution process, but the CRS will no longer proceed with the inquiry in the context of the formal resolution process. [DHS 94.41(2) (d)]
6. The CRS shall investigate the grievance by the investigatory method felt most suitable for determining the facts. This may include questioning anyone (including staff, clinicians, physicians, clients, and family members) who may have relevant information, reviewing records and charts as applicable, examining equipment or materials, and any other activity necessary to form an accurate factual basis for resolution of the grievance. [DHS 94.41(2) (c) 3]
7. The CRS has broad discretion in investigating complaints, not only to seek solutions but also to raise relevant client rights issues and address those as well. The CRS is encouraged to use proactive measures to remedy any situations that come to their attention that may lead to client rights violations if some type of action was not taken.
8. Where adequacy or appropriateness of clinical services is in issue, the CRS conducting the review may request consultation on matters in issue from other clinicians with appropriate experience and training.
9. If the CRS determines that a client or group of clients is at risk of harm, and the program has not yet acted to reduce or eliminate the risk, the CRS shall immediately inform the Program Manager, the county department operating or contracting for the operation of the program, if any, and the Client Rights Office of the situation. If the situation continues to place the client(s) at risk, the State Grievance Examiner shall take immediate action to protect the client(s), pending further investigation. [DHS 94.41(6)]

B. THE CRS's REPORT

1. When the inquiry is completed, the CRS shall prepare a written report describing the relevant facts (agreed upon by the parties or gathered during the inquiry), applying relevant laws and rules to the facts, determining if the grievance is founded or unfounded, and specifying the basis for that determination. [DHS 94.41(3) (b)]

2. If the grievance is determined to be founded, the report shall contain recommendations by the CRS for resolving the issue(s) presented. Timelines for action may be included when appropriate. [DHS 94.41(3) (c)]
3. If the grievance is determined to be unfounded, but the CRS has identified issues which appear to affect the quality of the program services or to result in significant interpersonal conflicts, the report by the CRS may include informal suggestions for improvements. [DHS 94.41(3) (d)]
4. Copies of the report shall be given to the Program Manager, client and complainant, parent or guardian, if applicable, and all relevant staff.
5. The report shall contain information for the complainant on how, when and to whom they can express any disagreement they have and how they can request review by the Program Manager. [DHS 94.41(3) (e)]
6. The CRS shall purge client names or other identifying information from the reports provided to persons other than the client or staff directly involved the Program Manager, or other staff who have a need to know that information. [DHS 94.41(3) (f)]

C. PROGRAM MANAGER'S REVIEW

1. If the Program Manager, the complainant, and the guardian or parent (where applicable) agree with the report of the CRS, and any recommendations for resolution, the recommendations shall be put into effect within an agreed upon timeframe. [DHS 94.41(4) (a)]
2. If there is disagreement over the report, the CRS may confer with the involved people, and the Program Manager or designee, to try to establish a mutually acceptable plan for resolving the grievance. [DHS 94.41(4) (b)]
3. If the disagreement cannot be resolved, the Program Manager or designee shall prepare a written decision describing the matters remaining in dispute, and stating the findings, determinations or recommendations which form the official position of the program. [DHS 94.41(4) (c)]
4. The Program Manager's decision may affirm, modify, or reverse the CRS's findings and recommendations, but must state the basis for any reversal or modifications that are made. [DHS 94.41(4) (d)]
5. The Program Manager's decision shall be given personally or sent by first class mail to the client or complainant, and the client's guardian or parent (where applicable), and provided to staff who received a copy of the report of

the CRS. The decision shall include a notice which explains how to request further review in the grievance process. [DHS 94.41(4) (e)]

6. A complainant shall have 14 days from the date of receipt of a Program Manager's written decision to request further administrative review. [DHS 94.42(7) (a)]

VI. COUNTY LEVEL REVIEW

- A. An appeal of a Program Manager's decision for a program operated by the Green Lake County Health & Human Services Department or a program under contract with the Green Lake County Health & Human Services Department shall be presented to Green Lake County.
- B. An appeal of a Program Manager's decision shall state the basis for the complainant's objection, and may include a proposed alternative resolution. [DHS 94.42(2) (a)]
- C. The appeal may be made in writing, orally or through a person's alternative means of communication, to the Program Manager by the complainant, client (or client's parent or guardian, if applicable). [DHS 94.42(2) (b) 1]
- D. If the request is made orally or through alternative means of communication, the Program Manager shall prepare a written summary of the request. [DHS 94.42(2) (b) 2]
- E. When an administrative review is requested, the Program Manager shall transmit a copy of the original grievance, the report of the CRS, the written decision of the Program Manager, and the request for review to the director of the County Department. [DHS 94.42(2) (c)]
- F. The review of the Program Manager's decision shall be conducted by the Director of the Green Lake County Department of Health & Human Services or that director's designee. [DHS 94.42(1) (a)]
- G. The Green Lake County Department of Health & Human Services Director or designee shall consider the report of the CRS and decision of the Program Manager, but shall independently render an opinion by applying the relevant provisions of Ch. 51, Stats., DHS 92, and DHS 94, Wis. Admin. Code, to the specific facts and circumstances of the grievance. [DHS 94.42(4) (a)]
- H. If the Green Lake County Department of Health & Human Services Director or designee determines that additional information is necessary to complete the review, or if the complainant has made a reasonable allegation that the findings of fact by the CRS or Program Manager are inaccurate, further inquiry into the circumstances underlying the grievance may be made by means including, but

not limited to, personal interviews, telephone calls, and inspection of equipment, facilities, records, documents, and other materials as may be relevant. [DHS 94.42(4) (b) 1]

- I. At any time, if all parties agree, the formal resolution process, (and any applicable time limits) may be suspended to allow the parties to attempt an informal resolution of the matter, to be facilitated by the Green Lake County Department of Health & Human Services Director or designee. If time limits are suspended, they shall begin running again upon request of any party that the formal resolution process be resumed. [DHS 94.42(3)]
- J. The Green Lake County Department of Health & Human Services Director or designee shall have access to all relevant areas of a facility or program, and to all records pertinent to the grievance. The County Director or designee shall inform the complainant if such request is made. [DHS 94.42(4) (b) 2 and 3]
- K. If the circumstances underlying the grievance require examination of Behavioral Health Unit services, including but not limited to psychotherapeutic treatment, behavioral interventions, and medication administration, the Green Lake County Department of Health & Human Services Director or designee may request that consultation be provided by an independent clinician with experience and training appropriate for the inquiry. [DHS 94.42(4) (b) 4]
- L. The written decision on the grievance review by the Green Lake County Department of Health & Human Services Director or designee shall be issued within 30 days of receiving the request for review (unless applicable time was suspended while informal resolution was attempted). The State Grievance Examiner (in non-emergency situations) may extend the time limit for completion for up to 30 additional days with the consent of the Program Manager and complainant, or upon a showing that additional time is necessary to complete the inquiry. [DHS 94.42(7) (b) 1 and 2]
- M. Unless the issue is resolved, the decision of the Green Lake County Department of Health & Human Services Director shall contain findings of fact, conclusions based upon those findings, and a determination of whether the grievance is founded or unfounded. [DHS 94.42(4) (c)]
 1. If the grievance is determined to be founded, the decision shall identify the specific actions or adjustments to be carried out to resolve the grievance. [DHS 94.42(4) (c) 4]
 2. If the grievance is determined to be unfounded, the decision shall dismiss the grievance, pending any further request for review. [DHS 94.42(4) (c) 5]
 3. The decision shall include a notice to the client and the Program Manager explaining how and where to request the next level of review of the decision,

and the time limits for requesting such review. [DHS 94.42(5) (d) and (6) (d), and 94.43(4)]

4. Copies of the decision by the Green Lake County Department of Health & Human Services Director shall be distributed in the same manner as provided for in Section V.C.5, above, and a copy shall also be sent to the Program Manager. [DHS 94.42(5) (a)]
 5. If the parties agree with the decision, any recommendations shall be put into effect as soon as possible. [DHS 94.42(5) (b)]
 6. If there is disagreement over the Green Lake County Department of Health & Human Services Director's decision, the parties may confer in a meeting facilitated by the Green Lake County Department of Health & Human Services Director in an attempt to establish a mutually acceptable plan for resolving the grievance. Applicable time limits (for further appeals) shall be suspended while the parties confer. [DHS 94.42(5) (c)]
- N. If at any time in their review of an alleged emergency situation the Green Lake County Department of Health & Human Services Director determines that a client or group of clients is at risk of harm, and the program has not acted to eliminate this risk, s/he shall take immediate action to protect the client(s) pending further investigation. [DHS 94.42(8) and 94.44(7)]

VII. LEVEL III - STATE GRIEVANCE EXAMINER'S REVIEW

- A. An appeal of a Program Manager's decision shall state the basis for the complainant's objection, and may include an alternative request for resolution. [DHS 94.42(2) (a)]
- B. The appeal may be made in writing, orally or through a person's alternative means of communication, to the Program Manager by the complainant, client (or client's parent or guardian, if applicable). [DHS 94.42(2) (b) 1]
- C. If the request is made orally or through alternative means of communication, the Program Manager shall prepare a written summary of the request. [DHS 94.42(2) (b) 2]
- D. When an appeal is requested, the Program Manager shall transmit a copy of the original grievance, the report of the CRS, the written decision of the Program Manager, and the decision of the Green Lake County Department of Health & Human Services Director and the request for review to the State Grievance Examiner. [DHS 94.42(2) (c)]
- E. The review of the Program Manager's decision shall be conducted by the State Grievance Examiner. [DHS 94.42(1) (a)]

- F. The State Grievance Examiner shall consider the report of the CRS and decision of the Program Manager and the decision of the County Director, but shall independently render an opinion by applying the relevant provisions of Ch. 51, Stats., DHS 92, and DHS 94, Wis. Admin. Code, to the specific facts and circumstances of the grievance. [DHS 94.42(4) (a)]
- G. If the State Grievance Examiner determines that additional information is necessary to complete the review, or if the complainant has made a reasonable allegation that the findings of fact by the CRS or Program Manager are inaccurate, further inquiry into the circumstances underlying the grievance may be made by means including, but not limited to, personal interviews, telephone interviews, and inspection of equipment, facilities, records, documents, and other materials as may be relevant. [DHS 94.42(4) (b) 1]
- H. At any time, if all parties agree, the formal resolution process, (and any applicable time limits) may be suspended to allow the parties to attempt an informal resolution of the matter, to be facilitated by the State Grievance Examiner. If time limits are suspended, they shall begin running again upon request of any party that the formal resolution process be resumed. [DHS 94.42(3)]
- I. The State Grievance Examiner shall have access to all relevant areas of a facility or program, and to all records pertinent to the grievance. The SGE shall inform the complainant if such a request is made. [DHS 94.42(4) (b) 2 and 3]
- J. If the circumstances underlying the grievance require examination of clinical services, including but not limited to psychotherapeutic treatment, behavioral interventions, and medication administration, the State Grievance Examiner may request that consultation on matters in question be provided by an independent clinician with experience and training appropriate for the inquiry. [DHS 94.42(4) (b) 4]
- K. The written decision on the grievance review by the State Grievance Examiner shall be issued within 30 days of receiving the request for review (unless applicable time was suspended while informal resolution was attempted). The State Grievance Examiner (in non-emergency situations) may extend the time limit for completion for up to 30 additional days with the consent of the Program Manager and complainant, or upon a showing that additional time is necessary to complete the inquiry. [DHS 94.42(7) (b) 1 and 2]
- L. The decision of the State Grievance Examiner shall contain findings of fact, conclusions based upon those findings, and a determination of whether the grievance is founded or unfounded. [DHS 94.42(4) (c)]

1. If the grievance is determined to be founded, the decision shall identify the specific actions or adjustments to be carried out to resolve the grievance. [DHS 94.42(4) (c) 4]
 2. If the grievance is determined to be unfounded, the decision shall dismiss the grievance, pending any further request for review. [DHS 94.42(4) (c) 5]
 3. The decision shall include a notice to the client and the Program Manager explaining how and where to request the next level of review of the decision, and the time limits for requesting such review. [DHS 94.42(5) (d) and (6) (d), and 94.43(4)]
 4. Copies of the decision of the State Grievance Examiner shall be distributed in the same manner as provided for in Section V.C.5, above, and a copy shall also be sent to the Green Lake County Department of Health & Human Services Director. [DHS 94.42(5) (a)]
 5. If the parties agree with the decision, any recommendations shall be put into effect as soon as possible. [DHS 94.42(5) (b)]
 6. If there is disagreement over the State Grievance Examiner's decision, the parties may confer in a meeting facilitated by the State Grievance Examiner in an attempt to establish a mutually acceptable plan for resolving the grievance. Applicable time limits (for further appeals) shall be suspended while the parties confer. [DHS 94.42(5) (c)]
- M. If at any time in their review of an alleged emergency situation the State Grievance Examiner determines that a client or group of clients is at risk of harm, and the program has not acted to eliminate this risk, the SGE shall take immediate action to protect the client(s) pending further investigation. [DHS 94.42(8) and 94.44(7)]

VIII. LEVEL IV - FINAL STATE REVIEW BY THE DMHSAS ADMINISTRATOR

- A. Any party has 14 days from date of receipt of the written decision of the State Grievance Examiner to request a final state review. [DHS 94.44(6) (a)]
- B. Anyone seeking such review shall present the request to the Client Rights Office who shall transmit the request to the DMHSAS Administrator, along with copies of the original grievance and all prior decisions and reports and associated documentation. Copies of the request for review shall be forwarded to all other parties. [DHS 94.44(2) (a) and (b)]
- C. A request shall describe the portion(s) of the prior decision with which the party disagrees, the basis for the disagreement, and any arguments or additional

information the party wishes the DMHSAS Administrator to consider. [DHS 94.44(2) (c)]

- D. If the complainant is unable to prepare a written request for final state review, the Program Manager or designee shall assist in completing the necessary forms. [DHS 94.44(2) (d)]
- E. The Administrator may request that additional information be submitted by any party or may conduct the final review based solely on the information already received and in the file / record. [DHS 94.44(3)]
- F. The Administrator shall, within thirty (30) days of receiving the request, prepare a final administrative determination for resolution of the grievance which upholds, modifies, or overturns the prior decision. The prior decision shall be affirmed unless it is contrary to state statutes or administrative rules. If the prior decision is modified or reversed, the basis for the modification or reversal shall be specified. Instructions for carrying out any acts or adjustments warranted for resolving the grievance shall also be included. [DHS 94.44(4) (a), (b) and (c)]
- G. Copies of the decision shall be sent to the State Grievance Examiner, the County Director (if involved), the Program Manager, the client and all other parties and staff that received a copy of the State Grievance Examiner's decision. [DHS 94.44(5) (a)]
- H. The Administrator's decision shall contain a notice to the parties that there is no further administrative appeal beyond this level of the grievance resolution process. The complainant shall be notified of the right to take the matter to court under the provisions of § 51.61(7), Wis. Stats. [DHS 94.44(5) (b)]

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