

Coordinated Services Team (CST)

Sample Conflict Resolution Process

Service delivery decisions regarding the assessment, eligibility, denial, reduction, termination, or appropriateness of services may be appealed by the child who is receiving services, their parent/guardian, or a service provider. If you feel rights have been violated, you may follow the conflict resolution process outlined below. At any time, you have the right to bypass this process and follow the process of the agency with which you have the complaint, or to proceed through civil action.

Step One:

Meet with the Family Team to review the issue and try to reach agreement. Any person or agency representative can choose to skip this step and move directly to step two.

Step Two:

If not satisfied, complete the attached Conflict Resolution Review Form. The conflict resolution appeal may then be presented to the CST Project Coordinator, the DHS Clinical Services Manager, or the DHS Child and Family Services Supervisor at Department of Human Services.

Step Three:

If not satisfied, the conflict resolution appeal may be presented, in writing, to the CST Coordinating Committee. A decision will be made within 30 days of receiving the appeal.

Step Four:

If not satisfied, the conflict resolution process outlined under Chapter 227 should be pursued. In State Statute 46.56, Integrated Service Programs for Children with Severe Disabilities, (12) *Administrative Appeals* refers to chapter 227 to request a fair hearing. Appeals are heard only for the following reasons: eligibility, denial, termination, reduction or appropriateness of services. The process for requesting a hearing is described below:

- If the child, parent, or guardian is not satisfied with the decision of the Coordinating Committee (as outlined in **Step Three**), then the decision may be appealed to the department under chapter 227.
- To appeal, a request for an administrative hearing should be made. This is done by sending a copy of the written denial from the Coordinating Committee to the Division of Hearings and Appeals (address shown below). Individuals may also contact the Division of Hearings and Appeals by phone at the number listed below.

Division of Hearings and Appeals
P.O. Box 7875
Madison, WI 53707

Phone: (608) 266-3096

Collaborative Systems of Care

Sample Conflict Resolution Review Form

Child's Name: _____

Date of Birth: _____

Individual Wishing to Pursue Conflict Resolution:

Parent/Guardian/Guardian Ad Litem: _____

OR

Agency Representative: _____

Address: _____

Phone: _____

Please outline the service delivery decision regarding the assessment, eligibility, denial, reduction, termination, or appropriateness of services that is being appealed (attach additional information if desired):

Please describe your recommendations for conflict resolution:

Signature of Child (if filing on own behalf)

Signature of Parent/Guardian **OR** Signature of Individual Representing Agency