



YES Rights and Resolutions

COMPLAINTS AND APPEALS

JULY 1, 2021 - SEPTEMBER 30, 2021 (1ST QTR SFY 2022)

Quality Management Improvement and Accountability | Data and Reports

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YES Rights and Resolutions
 COMPLAINTS AND APPEALS
 JULY 1, 2021 - SEPTEMBER 30, 2021 (1ST QTR SFY 2022)

The Youth Empowerment Services (YES) Quality Management Improvement and Accountability (QMIA) Council believes that complaints are a valuable source of information about the YES system of care and that each complaint received offers an opportunity to monitor and improve Idaho’s behavioral health system for youth and families.

Each YES system partners’ complaints system is one of several mechanisms constructed within the YES system of care to place youth and families at the center of their care. Each YES system partner, including family members, contributes its complaint information individually, each with a shared purpose of quality management and system improvement.

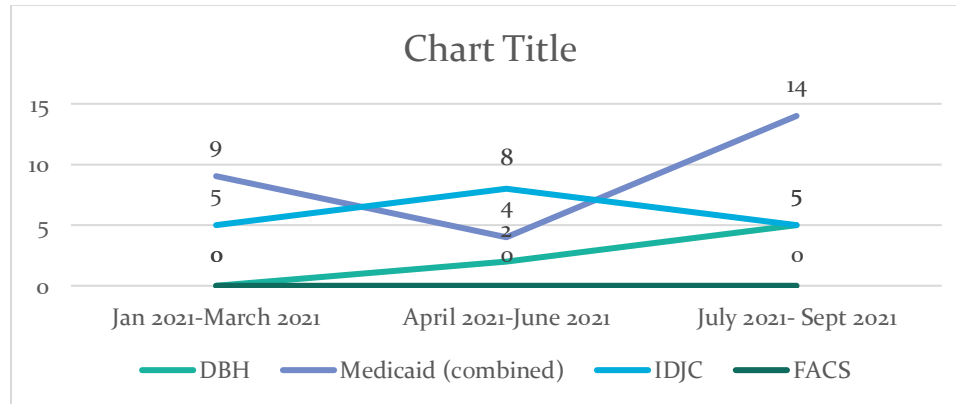
This is the YES Rights and Resolutions report, which is intended to monitor youth and family concerns or complaints relating but not limited to informing, access, service appropriateness, service effectiveness, and quality. These benchmarks have been identified and adopted by the Division of Behavioral Health (DBH) as key to Transformational Collaborative Outcomes Management (TCOM), which is an effective and integrated approach to addressing the needs and strengths of individuals and facilitating change at all levels of the system.

TCOM is grounded in a philosophy of a single shared vision—helping people achieve their health and wellness goals as they navigate healthcare, child welfare, justice, behavioral health, education, and other complex systems.

Overview of 2021

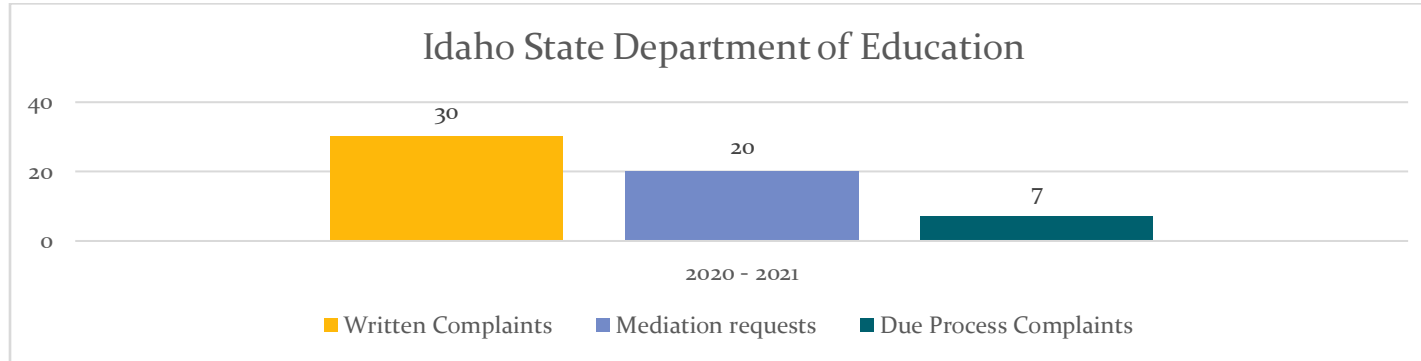
A total of 34 YES complaints, and one appeal have been tracked since January 2021. This is an average of 11 complaints per quarter. For the past year, the data shows a slight decrease that is not statistically significant.

Table 1: YES Complaints Across Time



*SDE data will be shown separately as it is analyzed/presented by the school year

Table 2: SDE Complaints 2020 – 2021



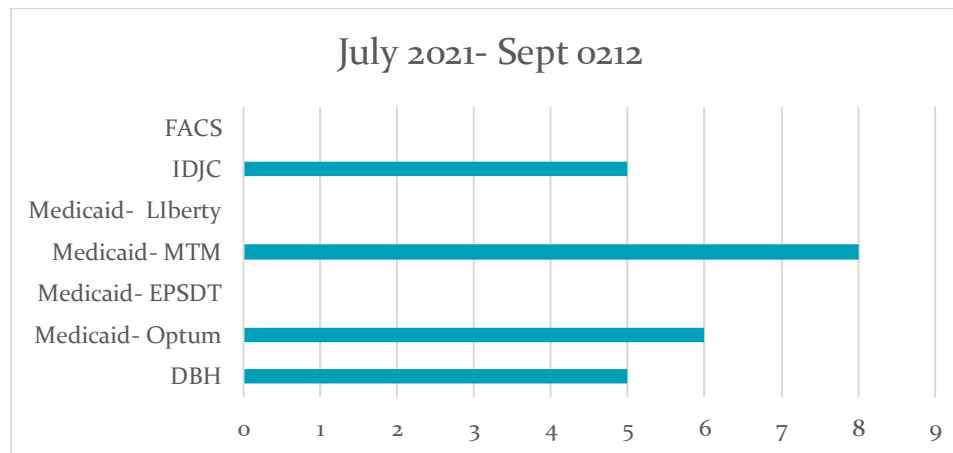
1st Quarter Summary, SFY 2022

In the 1st quarter of SFY 2022, there were 10 YES-related complaints, and one appeal reported across all partners in the YES system of care.

- * Of those 10 complaints, five were related to access to services, and two are related to Clinical services

Table 3: Total Complaints and Appeals in 1st quarter, State Fiscal Year 2022

	DBH	Optum	EPSDT	MTM	Liberty	(IDJC)	(FACS)	(SDE)	Total
1st Q	5	6	0	8	0	5	0	-	24



Division of Behavioral Health (DBH)

DBH received five YES complaints, and zero appeals in the 1st quarter of SFY 2022. Four of these complaints are currently closed, and the average time to resolution was 15 days. The disposition of Closed” signifies the nature of the complaint as a “systems issue.”

Table 5: DBH Complaint Detail, 1Q, 2022

Type of Concern	Status	Resolution
Complainant reports that the availability of children’s mental health services is difficult to understand and lacking stability.	Closed	The DBH Wraparound Coordinator incorporates feedback into quality improvement work. Region 4 Program Specialist assists in connecting parent with available services. Complaint added to Barriers to Care conversation.
Complainant reports that she received a call from SHN that was traumatizing.	Closed	The DBH acknowledged issues raised by complainant and provided corrective feedback/training to those involved.
Complainant reports the DBH is unwilling to make a single case agreement for a child with specific needs.	Open	The DBH acknowledged issues raised by complainant and was unable to correct the issue completely. Complaint added to Barriers to Care conversation.
Complainant reports that children’s mental health services are difficult to understand, largely unavailable, and cost prohibitive.	Closed	The DBH acknowledged issues raised by complainant and Complaint added to Barriers to Care conversation.
Complainant reports that she was sued for a balance due, and that she doesn’t understand the reasoning behind the decisions.	Closed	The DBH acknowledged issues raised by complainant and Complaint added to Barriers to Care conversation. Complainant may be invited to Q-FAS.

DBH facilitates Complaint Resolution Committee (CRC) sessions to support the complaint and resolution process that protects the rights of children, youth and families. The goal of the meeting is information sharing and advisory to the Council. This work allows for added critical analysis by several members of the Quality Assurance unit, and subsequent recommendations for next steps to the QMIA Council.

Division of Medicaid

Optum complaints:

Month	Member Region	Category	Type of Complaint	Date Received	Description	Status of Complaint	Receipt Method (verbal/written)	Complainant Relationship to Member	Member Age	Member Eligibility Category (CC/44/N/A)	Provider Specialty	Date Resolved	Decision Summary	Number of days to Resolve
Jul-21	Region 5	Service	Staff/Other Against Provider	07/13/2021	Member felt rapport with provider was not good	Closed	Verbal		22	N/A	Facility	7/16/2021	Unsubstantiated	3 Business Days
Jul-21	Region 3	Service	Staff/Other Against Provider	07/20/2021	Member felt rapport with provider was not good	Closed	Written		10	44	Facility	7/27/2021	Unsubstantiated	7 Business Days
Aug-21	Region 1	Service	Staff/Other Against Provider	08/17/2021	N/A	Closed	Verbal		N/A	N/A	Provider Group	09/03/21	Unsubstantiated	17 Business Days
Aug-21	Region 1	Service	Staff/Other Against Provider	08/17/2021	N/A	Closed	Verbal		N/A	N/A	Provider Group	9/3/2021	Unsubstantiated	13 Business Days
Aug-21	Region 7	Access	Staff/Other Against Provider	08/30/2021	Dissatisfaction with appointment availability	Closed	Written		11	44	Facility	09/20/21	Unsubstantiated	15 Business Days
Aug-21	Region 4	Service	Staff/Other Against Provider	09/14/2021	Member felt rapport with provider was not good	Closed	Verbal		13	N/A	Facility	09/23/21	Unsubstantiated	7 Business Days

MTM complaints

Month	Member Region	Category	Type of Complaint	Date Received	Description	Status of Complaint	Receipt Method (verbal/written)	Complainant Relationship to Member	Member Age	Member Eligibility Category (CC/44/NA)	Provider Specialty	Date Resolved	Decision Summary	Number of days to Resolve
Jul-21	Region 7	Provider	Late Return	07/08/2021	Provider Late Return	Closed	Verbal	Case Manager	6	44	NEMT	7/21/2021	Substantiated - Transportation provider has been educated to accommodate all trip requests as scheduled and to immediately notify MTM and the member of any issue which would result in the member arriving late. The provider is responsible to have in place an alternate to ensure timely transport in the event the original driver is delayed for any reason.	9 business days
Jul-21	Region 7	Internal Complaint	Customer Service	07/28/2021	MTM Customer Service	Closed	Verbal	Case Manager	10	44	NEMT	8/3/2021	Substantiated - Issue has been escalated to the contact center supervisor to educate the MTM agent on the MTM	4 business days

Month	Member Region	Category	Type of Complaint	Date Received	Description	Status of Complaint	Receipt Method (verbal/written)	Complainant Relationship to Member	Member Age	Member Eligibility Category (CC/44/NA)	Provider Specialty	Date Resolved	Decision Summary	Number of days to Resolve
													process for short notice trip changes. The agent must ensure the provider verbally accepts same day trip changes. The member is reminded MTM cannot guarantee same day trip changes.	
Jul-21	Region 7	Internal Complaint	Client Protocols	07/29/2021	Right of Choice	Closed	Verbal	Case Manager	15	44	NEMT	8/5/2021	Unsubstantiated - Health plan is not authorized for right of choice. All trips are set dependent upon service area and provider availability	5 business days

Month	Member Region	Category	Type of Complaint	Date Received	Description	Status of Complaint	Receipt Method (verbal/written)	Complainant Relationship to Member	Member Age	Member Eligibility Category (CC/44/NA)	Provider Specialty	Date Resolved	Decision Summary	Number of days to Resolve
Jul-21	Region 7	Provider	No Show Pick-up	07/29/2021	Provider No Show Pick-up	Closed	Verbal	Case Manager	15	44	NEM T	8/5/2021	Substantiated - Transportation provider has been educated to ensure they make an attempt to pick-up the member regardless if they are able to make contact with the member to confirm the appointment. The member is reminded to ensure they contact MTM to cancel any appointments they will not be attending prior to the scheduled pickup.	5 business days

Month	Member Region	Category	Type of Complaint	Date Received	Description	Status of Complaint	Receipt Method (verbal/written)	Complainant Relationship to Member	Member Age	Member Eligibility Category (CC/44/NA)	Provider Specialty	Date Resolved	Decision Summary	Number of days to Resolve
Aug-21	Region 7	Provider	Early Return	08/04/2021	Provider Early Return	Closed	Verbal	Case Manager	10	44	NEMT	8/12/2021	Substantiated - Transportation provider has been educated to ensure they arrive for the return trip at the time specified on the MTM trip manifest. The member should not be contacted prior to the time listed.	6 business days
Aug-21	Region 4	Internal Complaint	MTM Process	08/24/2021	Parental Consent Form	Closed	Verbal	Case Manager	13	44	NEMT	9/10/2021	Unsubstantiated - Parental consent form (PCF) can also be located on the MTM online website.	13 business days
Aug-21	Region 7	Internal Complaint	MTM Process	08/31/2021	Time to secure provider	Closed	Verbal	Case Manager	8	44	NEMT	10/29/2021	Substantiated - Education was provided to the appropriate department and staff that staff must follow correct processes	43 business days

Month	Member Region	Category	Type of Complaint	Date Received	Description	Status of Complaint	Receipt Method (verbal/written)	Complainant Relationship to Member	Member Age	Member Eligibility Category (CC/44/NA)	Provider Specialty	Date Resolved	Decision Summary	Number of days to Resolve
Sep-21	Region 7	Internal Complaint	MTM Process	09/17/2021	Trip Request	Closed	Verbal	Case Manager	7	44	NEMT	11/9/2021	Unsubstantiated - The transportation provider followed the correct MTM processes.	37 business days

Early Periodic Screening Diagnosis and Treatment

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is a benefit for individuals under the age of 21 who are enrolled with Medicaid, to ensure individuals receive appropriate preventive, dental, mental health, developmental, and specialty services. EPSDT is utilized when other services/supports offered within Idaho's behavioral health system of care, are deemed to be unsuccessful or insufficient.

A Psychiatric Residential Treatment Facility (PRTF) is a type of service covered under EPSDT and is defined by CMS as any non-hospital facility with a provider agreement with a State Medicaid Agency to provide the inpatient services benefit to Medicaid-eligible individuals under the age of 21 (psych under 21 benefit).

There was one EPSDT PRTF Denial Appeal during the 1st quarter of SFY 2022.

Table 4: Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Denial Appeal Detail, 1Q, 2022

Type of Appeal	Status	Resolution	Days To Resolution
Standard	Closed	Appellant Withdrew	29

Idaho Department of Juvenile Corrections (IDJC) (YES Class Families/Youth)

There were five youth and no family complaints during the 1st quarter of SFY 2022. Of the complaints received by IDJC staff, four of the complaints were resolved in seventeen calendar days or less.

Table 6: IDJC Complaint Detail, 1Q, 2022

Type of Concern	Status (as of Sept 30)	Resolution
Complaint about hearing religious services from another room was a violation of his rights.	Resolved	Juveniles are able to hang out in their wings instead of classrooms.
Youth stated that nursing refused his medication when he asked for it.	Resolved	Nursing supervisor advised that the nurse on duty evaluated the symptom and made a decision about how to care for the youth. Youth did not like the response and spoke with superintendent. Superintendent met with youth on 09/02/2021
States staff withheld church services from them.	Resolved	After follow up, the reporting juvenile acknowledged that the staff got religious representatives to cottage and that he understood why staff made the choice that he did.
States that he feels the clinic is pushing the COVID vaccine on the students at JCC.	Unresolved	Superintendent spoke with the youth and helped him understand that all youth are offered education on vaccines and given the choice to receive them or not.
States her ankle has been hurting and the clinic is not doing anything about the issue.	Resolved	Juvenile was seen by nursing and the doctor for the sprained ankle and was given instructions by both. It was explained to her that a brace was counterproductive and that the guidance for strengthening it from nursing and the doctor would help her.

Idaho State Department of Education (SDE)

The Department of Education provides several “Dispute Resolution Processes” in the districts to help families resolve complaints, including Mediation, Facilitation, State Complaints, and Due Process Hearings. Facilitation and mediation are voluntary processes structured to increase understanding and reach resolution before a conflict develops into a formal dispute. State complaints can be filed by any individual or organization alleging any violation of the IDEA, including an alleged failure to comply with a previous due process hearing decision. Due Process Hearings involves an allegation or a series of allegations by either a parent/adult student or the district on issues relating to the identification, evaluation, educational placement, and the provision of free, appropriate public education (FAPE.)

Table 7: SDE Complaint Detail, 2020 - 2021

Section A: Written, Signed Complaints		
Item #	Item description	2020-2021
1	Total number of written signed complaints filed.	30
1.1	Complaints with reports issued.	24
1.1.a	Reports with findings of noncompliance.	21
1.1.b	Reports within timelines.	24
1.1.c	Reports within extended timelines.	0
1.2	Complaints pending.	0
1.2.a	Complaints pending a due process hearing.	0
1.3	Complaints withdrawn or dismissed.	6
Section B: Mediation Requests		
Item #	Item description	2020-2021
2	Total number of mediation requests received through all dispute resolution processes.	20
2.1	Mediations held.	15
2.1.a	Mediations held related to due process complaints.	3
2.1.a.i	Mediation agreements related to due process complaints.	3
2.1.b	Mediations held not related to due process complaints.	12
2.1.b.i	Mediation agreements not related to due process complaints.	10
2.2	Mediations pending.	0
2.3	Mediations withdrawn or not held.	5
Section C: Due Process Complaints		
Item #	Item description	2020-2021
3	Total number of due process complaints filed.	7
3.1	Resolution meetings.	5
3.1.a	Written settlement agreements reached through resolution meetings.	4
3.2	Hearings fully adjudicated.	3
3.2.a	Decisions within timeline (include expedited).	0

3.2.b	Decisions within extended timeline.	3
3.3	Due process complaints pending.	0
3.4	Due process complaints withdrawn or dismissed (including resolved without a hearing).	4
Section D: Expedited Due Process Complaints (Related to Disciplinary Decision)		
Item #	Item description	2020-2021
4	Total number of expedited due process complaints filed.	0
4.1	Expedited resolution meetings.	0
4.1.a	Expedited written settlement agreements.	0
4.2	Expedited hearings fully adjudicated.	0
4.2.a	Change of placement ordered.	0
4.3	Expedited due process complaints pending.	0
4.4	Expedited due process complaints withdrawn or dismissed.	0

Quality Management Improvement and Accountability (QMIA)

The Quality Management Improvement and Accountability (QMIA) Council brings together DBH, Medicaid, FACS, IDJC, and SDE to collaborate in YES quality monitoring.

- Quarterly Report – in progress
- Currently an exploration into Early Periodic Screening Diagnosis & Treatment (EPSDT) denials is underway. Completing a case study of a family with multiple applications and denials may shed light on areas that need improvement.
- Quality review data identifies issues facing non-dominant culture youth/families

The QMIA Family Advisory Subcommittee (Q-FAS)

The Q-FAS presents an opportunity to gather and learn from family's stories. Q-FAS solicits family members' and family advocates' first-hand input on families' experiences accessing and utilizing YES services. The feedback received about successes, challenges and barriers to care is used to identify areas that need increased focus and to prioritize quality improvement projects. This subcommittee helps to guide YES partners work, providing children, youth, and families in Idaho access to appropriate and effective mental health care. Q-FAS has accepted a new family advocate member.

Listed below are issues noted in Q-FAS sessions:

- Rural Communities continue to struggle with access
- Acute needs (such as post suicide attempt) have wait times up to 8 weeks in some instances
- Need for increased communication and information sharing amongst partners
- Need to increase consistency with messaging and practices
- Annual CANS process can be frustrating and can be retraumatizing
- Need for Partial hospitalization and day treatment for kids 5 to 12
- More collaboration between Developmental Disabilities Program (DD) and YES services
- Need for navigation assistance remains