

YES Rights and Resolutions

COMPLAINTS AND APPEALS
JANUARY 1 - MARCH 31, 2022
SFY 2022, Q3

QUALITY
MANAGEMENT
IMPROVEMENT AND
ACCOUNTABILITY
JUNE 1, 2022

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YES Rights and Resolutions
 COMPLAINTS AND APPEALS
 JANUARY 1, 2022 - MARCH 31, 2023 (SFY 2022, Q3)

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.

The YES system of care is made up of partners including the Divisions of Behavioral Health, Medicaid, and Family and Community Services (FACS), the State Department of Education (SDE). The YES partners complaints system are constructed to place youth and families at the center of their care. Each YES system partner has their own system for tracking complaints and contributes its complaint information individually to the Rights and Resolutions report. The tracking systems must follow each Division or Department's state and Federal obligations and therefore the reporting does differ for each entity. The QMIA Council is working with the YES partners to continue to improve the reporting so that an understanding of the complaints that are files are better understood and lend to the development of quality improvement projects.

Overview of YES Complaints

A total of 65 YES complaints, and ?? appeals, have been received in SFY 2022 during Q1, Q2, and Q3.

Table 1: YES Complaints Q1, Q2, and Q3

	YES	DBH	Optum	EPSDT	MTM	Liberty	IDJC	FACS	SDE*	Total
Q1	7	-	6	0	8	0	5	0	-	26
Q2	0	-	4	0	10	1	5	0	-	20
Q3	5	1	4	0	5	0	4	0	-	19
SFY to date	12	1	14	0	23	1	10	0	-	65

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

Beginning with the Rights and Resolutions report for State Fiscal Year (SFY) 2022 published in Q2 some new categories of complaints are being included in the YES Rights and Resolution reports. New information in Q1 was included regarding EPSDT, Liberty and MTM. Beginning in Q2 the report included a report on YES Centralized Complaints that come in from the YES Website and YES 1-855 number as a specific category (previously noted as DBH complaints) and complaints reported as DBH will be only complaints that are related to DBH Regional Clinics.

YES Centralized Complaints, Q3:

Table 2- This category includes all complaints that are filed via the YES Website, YES 1-855#, **QFAS** or the YES enquiry email

The complaints in this section will be regarding YES services from any YES partner system and may be duplicated by the partner in their own report section.

Region	Date of Complaint	Type of Concern	Status as of March 31	Resolution	Timeliness to Resolution (days)
2	1/20/2022	Childs transport came 2 hours early, impacted discharge plan	Closed	Medicaid was informed and worked to resolve with transport agency.	UK
6	2/9/2022	Family had not received needed family therapy.	Closed	DMH CMH chief worked with family to resolve issues.	Within 30 days
UK	3/4/2022	Parent did not know who her "worker" was. Had not received paperwork. Needed respite and did not know how to access.	Closed	Reached out to parent and provided appropriate contacts in the DD system and CMH regions	1
5	3/4/2022	Parent services needed were not available for son, parent had to help hospital with finding mental health services	Closed	Collaborative cross-system team met to work on treatment plan and placement	W
UK	3/30/2022	Complaint re issues with transportation with MTM regarding multiple incidents where either son was not picked up for an appointment or was taken to a court ordered appointment and not picked up.	Closed	Medicaid was informed and worked to resolve with transport agency.	

Division of Behavioral Health (DBH)

Table 3: This category includes complaints about DBH Regional Clinics

Region	Date of Complaint	Type of Concern	Status as of March 31	Resolution	Timeliness to Resolution (days)
4	3/16/2022	Parent requested that a change be made in staffing of her 2 children's MH services	Resolved, 3/16/2022	Change in staffing was made	1 day

Division of Medicaid (Medicaid)

Table 4: Includes complaints filed with the EPSDT Team

Region	Date of Complaint	Type of Concern	Status as of March 31	Resolution	Timeliness to Resolution (days)

Table 5: Optum complaints:

Type	Date of Complaint	Type of Concern	Status as of March 31	Resolution	Timeliness to Resolution (calendar days)
Clinical	2/17/2022	Staff/Other Against Provider	Resolved, 3/10/2022	Substantiated	5
Clinical	3/28/2022	Staff/Other Against Provider	Resolved, 4/7/2022	Substantiated	21
Service	3/8/2022	Staff/Other Against Provider	Resolved, 3/22/2022	Substantiated	10 business days
Service	3/8/2022	Staff/Other Against Provider	Resolved, 3/22/2022	Substantiated	10 business days

Table 6: Liberty complaints:

Type	Date of Complaint	Type of Concern	Status as of March 31	Resolution	Timeliness to Resolution (days)
		No complaints reported			

Table 7: MTM complaints

Region	Date of Complaint	Type of Concern	Status as of March 31	Resolution	Timeliness to Resolution (days)
1	1/31/2022	Trip Request	2/15/2022	Substantiated - Education was provided to the escalations department for a review of their procedures as well as the member's service area to ensure all trips are able to be set with a provider. The member must be made aware of any transportation issues prior to their appointment	11 business days
7	2/2/2022	Provider No Show Pick-up	2/18/2022	Substantiated - Education was provided to the transportation provider that accepted trips must be completed in a timely manner. Transportation providers are also expected to contact MTM immediately regarding any trip related issues or concerns	12 business days
7	2/2/2022	Provider No Show Pick-up	2/18/2022	Substantiated - Education was provided to the transportation provider that accepted trips must be completed in a timely manner. Transportation providers are also expected to contact MTM immediately regarding any trip related issues or concerns	12 business days
1	3/11/2022	Trip Request	3/28/2022	Substantiated - Education was provided to the escalations department for a review of their procedures as well as the member's service area to ensure all trips are able to be set with a provider. The member must be made aware of any transportation issues prior to their appointment.	11 business days
4	3/16/2022	Trip Request	3/29/2022	Substantiated - Education was provided to the escalations department for a review of their procedures as well as the member's service area to ensure all trips are able to be set with a provider. The member must be made aware of any transportation issues prior to their appointment.	9 business days

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

There were four youth and no family complaints during the 3rd quarter of SFY 2022. Of the complaints received by IDJC staff, all complaints were resolved in twelve (12) calendar days or less.

Table 8 & 9 : IDJC Complaint Detail, SFY 2022, Q3

Families					
<i>Family members of YES class members whose complaint/concern was directed to the Superintendent</i>					
Region	Date of Complaint	Type of Concern	Status as of March 31	Resolution	Timeliness to Resolution (days)
No complaints received this quarter.					

Youth					
<i>YES class members whose complaint/concern was formally received by IDJC staff</i>					
Region	Date of Complaint	Type of Concern	Status as of Dec 31	Resolution	Timeliness to Resolution (days)
1	1/28/2022	Youth stated he was taking space so he could calm down and his past trauma was brought up by other youth.	Resolved	Staff discussed with youth his personal responsibilities.	0
2	02/03/2022	Youth stated that one of his peers had falsely confronted him several times in the same day.	Resolved	Unit Manager spoke with the youth and the youth stated that it has been resolved.	12
3	02/10/22	Juvenile states that they disclosed a harassing situation and feels like they are now being retaliated against by peers for disclosing it.	Resolved	Program Manager met with the juvenile and then the group and discussed how retaliatory behavior needs to be addressed.	4
3	02/25/22	Juvenile states that they have the right to be alone if they aren't a danger to themselves.	Resolved	Unit Manager met with juvenile and juvenile stated that they understand why staff need to be aware of the juveniles.	3

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 Individuals with Disabilities Act 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.)

Data about SDE complaints is updated annually. Complaints below are not all related to YES Class Members.

Table 10: SDE Complaint Detail, 2020 – 2021- updated in Q2. Noted: Overall counts remained the same between Q1 and Q2, but some of the subcategories under Mediation and Resolution sessions were updated after definitions were clarified.

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.	5
2.1.a.i	Mediation agreements related to due process complaints.	4
2.1.b	Mediations held not related to due process complaints.	10
2.1.b.i	Mediation agreements not related to due process complaints.	8
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.	0
3.1.a	Written settlement agreements reached through resolution meetings.	0
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

Appeals:

Appeals are formal requests for a review of decisions made about eligibility for services

DBH: No Appeals for Q3

Medicaid:

EPSDT No Appeals for Q3

Optum No Appeals for Q3

Month	CC		44		N/A	
	Member Appeals Received	Member Appeals Closed	Member Appeals Received	Member Appeals Closed	Member Appeals Received	Member Appeals Closed
Jan 2022	0	0	0	0	0	0
Feb 2022	0	0	0	0	0	0
March 2022	0	0	0	0	0	0

Liberty: No Appeals for Q3

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. The Council has a Subcommittee, the QMIA Family Advisory Subcommittee (Q-FAS) which 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. Below is a summary of issues that have been discussed by the Q-FAS.

Summary of Barriers to Care

Area	Noted issues
Access to care	Services not available within reasonable distance Services not coordinated between mental health and DD- DHW Waitlist for Respite and Family Support Partners Respite process through Medicaid too demanding due to need for updated CANS
Clinical care	Repeating the CANS with multiple providers is traumatic Diagnosis not accurate Therapist not knowledgeable of de-escalation techniques Stigmatization and blaming attitudes towards families Families need more information about services is (e.g., Case Management)
Outpatient services	No service providers in the area where family needs care Services needed were not available, so families are referred to the service that are available Not enough expertise in services for high-needs kids (TBRI, Family Preservation) Some services only available through other systems: DD, Judicial Families having to find services themselves based on just a list of providers - and even the lists at times being too old to be useful
Crisis services	Access to immediate care had to go through detention Safety Plans not developed with family or not effective
24 hour services: Hospitals/Residential	Not enough local beds Length of time for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) determination Families getting verbal "denial" but no NOD/appeal info until after "re-applying" for EPSDT (raised at Due Process meeting) Support needed by families during the EPSDT process, and after while waiting for placement Medication changes without input from family Family not involved in discharge planning Family threatened with charges of abandonment or neglect Children with high needs and repeat admissions may be denied access Child not in hospital long enough for meds to take effect Care in local residential facilities does not provide specialized care that is needed
Step-down or Diversion Services	Lack of Step-down services Services being offered are not appropriate (telehealth, not available, not accessible) Workforce shortage Distance Amount of services (3 hours CBRS)

Area	Noted issues
School issues	Too long to get an Individualized Education Plan (IEP) School makes choices that don't match needs of the child Safety Plans from schools not developed with family input
Stigma and Blaming	Families being blamed if discharge is not successful Lack of collaboration and partnership with discharge planning No understanding of how language is shaming in emails or other explanations (highlighting non-compliance)
Other family concerns	Families required to get ROIs and documents – wo time ? Lack of transparency about paperwork and other requirements Lack of empathy for other family crisis/situations Too many appointments and other children with needs Need one case manager/TCC type person Information on how access care not available Transportation not available Gas vouchers only at specific gas stations