



YES Program Stakeholder Engagement

October 18, 2023

YES Program Team

Idaho Behavioral Health Plan Governance Bureau



IDAHO DEPARTMENT OF
HEALTH & WELFARE



- Youth Empowerment Services (YES) System of Care
 - Idaho's children's mental health system of care for youth under 18 with Serious Emotional Disturbance (SED)
 - Partnerships between families, youth, providers, and public agencies (IDHW, SDE, IDJC)
 - Stemmed from the Jeff D. lawsuit and resulting Settlement Agreement
- Medicaid's YES Program – 1915(i) SPA
 - Made possible through a 1915(i) State Plan Amendment approved by CMS
 - Program for members under 18 with SED
 - Includes all Medicaid behavioral health services as a benefit
 - Adds a 1915(i) service (respite) as a benefit
 - Increases Medicaid income limits for these youth to up to 300% of the federal poverty guidelines (FPG)



- To enroll in the YES Program, a youth must have an independent assessment with Liberty Healthcare to determine if the youth has an SED.
- The independent assessment includes:
 - Child and Adolescent Needs and Strengths (CANS) functional assessment
 - Comprehensive Diagnostic Assessment (CDA) to identify a behavioral health diagnosis
- If SED is identified, family can apply for Medicaid to be enrolled in the YES Program. If they are already Medicaid eligible, their eligibility will be updated.



- If the youth is already Medicaid-enrolled:

Question: Does the youth or family need 1915(i) services (respite)?

Answer: NO – No action required. All other Medicaid behavioral health services are already a benefit for this youth.

Answer: YES – Complete an independent assessment with Liberty Healthcare.

- If the youth is not already Medicaid eligible:

Question: Does the child need Behavioral Health Services?

Answer: NO – No Action required if not behavioral health services are needed.

Answer: YES – Complete an independent assessment with Liberty Healthcare.



- Federal (CMS) requirements for the 1915(i) are:
 1. Independent Assessment
 - Complete an initial independent assessment
 - Complete an annual independent assessment within 364 days of the previous
 2. Complete a person-centered service plan (PCSP) within 90 days of being enrolled in the program
 - The plan must include a 1915(i) service (respite)
 - Complete an annual update to the PCSP within 364 days of the previous
 3. Utilize a 1915(i) service (respite) at least one time annually

- YES Program members who do not complete these requirements will not be able to remain eligible for the program.

- They may still be eligible for other Medicaid programs or be able to gain assistance with behavioral health services through the Division of Behavioral Health.



Person-centered planning is a process, directed by the family or the youth, intended to identify the strengths, capacities, preferences, needs, and desired outcomes of the individual. The family or youth directs the person-centered planning process.

- YES Program members with eligibility through the 1915(i) are required to have a PCSP that complies with federal rules (42 CFR 441.725)
- Who creates a PCSP?
 - A Targeted Care Coordinator (TCC) within the IBHP provider network
 - A Children's Developmental Disability (DD) Program case manager
 - A Wraparound Intensive Services (WInS) Coordinator
 - A CMH clinician for youth with a 20-511a court order



- Requirements for this program have been in place since the program started
- Requirements could not be enforced because Medicaid Protection was put in place during the Public Health Emergency (PHE) in 2020
- Medicaid Protection ended on April 1, 2023
- Redeterminations based on income (up to 300% FPG) and age (under 18) for YES Program members were sent in July and the families needed to respond by August 31st to complete their redeterminations timely
- **Enforcement of the Independent Assessment, PCSP, and Respite requirements will begin soon**
 - This will likely be conducted in phases, starting with individuals whose families already have indicated they would like to be removed from the program
 - We are still working through how to address the concerns with access to respite and TCC services



- What is it? Monthly premiums & co-pays for some services
- Providers are allowed to charge a co-pay for some Medicaid members
- Premiums are required for some YES Program members
- The federal PHE halted implementation of premiums for YES Program members.
- The federal PHE ended on May 11, 2023, and redeterminations for YES Program members were completed August 31, 2023.
- The premiums for YES Program members will start December 1st of 2023.



- Premiums will be assessed for families of youth on the YES Program whose income is between 185 and 300% of the Federal Poverty Guidelines (FPG)
- If the youth is also enrolled in other programs with premiums (Katie Beckett or CHIP), then they will not be assessed a YES Program premium
- The premium will be \$15 per member per month
- Premiums cannot be more than 5% of a family's income
- Hardship waivers are available if a family is unable to pay the premium
- Medicaid will send out informational letters about this change in October 2023 to all YES Program members. They are scheduled to mail out on October 18th.



- Co-Payments are set at \$3.65 per visit.
 - All services subject to the \$3.65 copayments are considered outpatient services. Not all outpatient services are subject to the copayments. Services that may have a copayment can be found below. YES Program members, Katie Beckett (KB) members, and CHIP members all have both the premium requirement and are subject to copayments. If the combined amount of the premiums and copays exceeds the allowable 5% of the total household income, then the household has a freeze on cost sharing (meaning they won't have to participate).
- Co-Payments may be charged to a member by a provider for the following services:
 - Ambulance or hospital Emergency Department services for non-emergency medical conditions
 - Chiropractic services
 - Occupational therapy, physical therapy, or speech therapy services
 - Optometric services
 - Outpatient hospital services
 - Podiatry services
 - Physician office visits unless for preventive services, wellness exams, immunizations, or family planning



- [Stakeholder Engagement Slides](#) – *posted and emailed out*
- Flyers
 - [Next Steps After Independent Assessment](#)
 - [Maintaining Eligibility for Medicaid's YES Program](#)
 - [Cost Sharing Flyer](#)
- [1915\(i\) Requirements FAQs from April 2023](#)
- [Information Release MA23-04 YES Program Participant Eligibility Requirements](#)
- [YES.Idaho.gov](#)
- [Optum Idaho - Provider Resources](#)
- [Optum Idaho - Member Resources](#)
- [Find a Provider through Optum Idaho](#)



Upcoming meetings posted on townhall.idaho.gov

Medicaid's YES Program Team

208-364-1910 or YESProgram@dhw.idaho.gov

YES System of Care Inquiries or Complaints

YES@dhw.idaho.gov

Independent Assessments (Liberty) – 877-305-3469

Idaho Behavioral Health Plan (Optum) – 855-202-0973

Families and Youth of Idaho (FYIdaho) Family Support Line –

208-433-8845 Ext 1 or support@fyidaho.org