

# YES Rights and Resolutions

COMPLAINTS AND APPEALS

APRIL 1 – JUNE 30, 2023

SFY 2023, Q4

QUALITY  
MANAGEMENT  
IMPROVEMENT AND  
ACCOUNTABILITY  
OCT 30, 2023

# Table of Contents

<b>Overview of Report</b>	<b>Page2</b>
<b>YES Complaints</b>	
Table 1- All YES Complaints SFY2023, Q1, Q2, Q3 & Q4	Page 3
Table 2: Timeliness of Resolution for Yes Complaints Q1, Q2, Q3, & Q4	Page 3
Table 3:Detailed breakout	Pages 4-11
Table 4:DBH	Page 11
Table 5:Medicaid	Page 12
Table 6:Optum	Page 12
Table 7:Liberty	Page 13
Table 8:MTM	Pages 13
Table 9: Telligen	Page 14
<b>IDJC</b>	
Table 10: Family	Page 14
Table 11: Youth	Page 14
<b>YES Appeals</b>	
<b>Table 12: YES</b>	<b>Pages 15</b>
<b>Table 13; Timeliness</b>	<b>Page 15</b>
Table 14: EPSDT	Page 17
Table 15: Optum Members	Page 18
Table 16: Optum Providers	Page 18

## YES Rights and Resolutions

APRIL 1, 2023 – JUNE 30, 2023 (SFY 2023, Q4)

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 complex. It is comprised of multiple partners including the Idaho Department of Health and Welfare divisions of Behavioral Health (DBH), Medicaid, and Family and Community Services (FACS), the State Department of Education (SDE), and the Idaho Department of Juvenile Corrections (IDJC). The YES complaint system has been designed to facilitate youth and families being at the center of their own care. However, the overall complexity of the YES system of care is reflected in the current need for each YES system partners to follow their respective state and/or Federal reporting obligations. Therefore, each partner has their own complaint tracking method and contributes information individually to this report. The QMIA Council continues to work with YES partners to improve complaint reporting and thoroughly understand the complaints themselves with the goal of developing of targeted quality improvement projects to address common issues within the overall YES system.

Youth and families may find there are times when they are not satisfied with the services they receive, do not agree with their provider, or disagree with a decision from the state. When this happens, they may choose to file a complaint or appeal. Youth and families **cannot** be penalized or retaliated against for filing a complaint or appeal. Youth and families should file a complaint when they think something was not handled correctly. Asking if something can be handled differently or better help to improve the system. Providers can encourage youth and families to file complaints and can help them with their appeals.

The complaints and appeals processes are important tools to help monitor and potentially change how the YES system of care is working. The goal of this report is to look at system and/or policy changes and to demonstrate that IDHW is listening to families and that we care about receiving this information as it helps improve the overall delivery of behavioral health services to Idahoans. The difference between complaints and appeals is outlined below.

A **complaint** is a claim that a situation is unsatisfactory and may be about anything. When a youth or family member is not satisfied with any part of their care within the YES system of care, they may file a complaint. Complaints may be about the quality of care received, services, a provider, an employee of a provider or state agency, the benefit plan through the Department of Health and Welfare. An **appeal** is a request to change a decision. Individuals who disagree or are not satisfied with a mental health decision may want to file an appeal. Decisions are based on the information that has been received. Some types of decisions that are eligible for an appeal include: termination or denial of Medicaid eligibility, termination or denial of Medicaid funded services or supports, denial of payment for Medicaid services or supports, a determination made by the Department of Health and Welfare or its contractor that a youth does not meet criteria for Serious Emotional Disturbance (SED), when requests for eligibility or services are not acted upon within reasonable promptness, or failure of the State to provide a CANS assessment or YES services or supports a youth is entitled to.

## YES Complaints

A total of 21 complaints were received in SFY 2023 during Q4, and a total of 93 for SFY 2023.

Table 1: YES Complaints Q1, Q2, Q3, and Q4

	YES	DBH	Optum*	EPSDT	MTM	Liberty	Telligen	IDJC	FACS	Total
Q1	8	0	13	0	3	6	0	0	0	30
Q2	6	0	3	0	2	0	4	5	0	20
Q3	10	0	3	1	4	0	0	4	0	22
Q4	11**	0	5	2	1	0	0	2	0	21
SFY to date	35	0	24	3	10	6	4	11	0	93

Notes:

\* Totals for Optum have been corrected since the original Q1 and Q2 Rights Report was published. Data reported from Optum in Q1 & Q2 included individuals who were over the age of 18.

\*\* Number in this column includes two reports that had been marked as duplicate on the YES complaint tracker as they had also been reported to EPSDT and MTM.

Table 2: Timeliness of Resolution for Yes Complaints Q1, Q2, Q3, and Q4.

\*This average response rate does not account for one case still open which was received on the last day of Q1. In addition, this average response rate does not include the 66 days one complaint remained on hold status, as a response from advocate was never received despite two follow up calls and the initial response (placement on hold) occurred in 1 day and inclusion of the addition days on hold status would skew the average.

\*\* This average response rate does not account for two cases still pending.

^ This average response rate includes number of days it took for 2 carry over pending cases from Q2 that were closed in Q3.

^^ This daily range rate included days it took for 2 carry over pending cases from Q2 that were closed in Q3.

	Average Days to Complaint Resolution					Range of Days to Complaint Resolution			
	Q1	Q2	Q3	Q4	SFY	Q1	Q2	Q3	Q4
YES	10*	18**	28^	37	23	1-30	3-37	5-119^^	3-185
DBH	-	-	-	-	0	-	-	-	-
OPTUM	13	54	8	7	21	1-35	2-29	4-13	1-13
EPSDT	-	-	8	9	9	-	-	0-8	1-16
MTM	10	4	12	14	10	9-10	1-7	0-17	14
LIBERTY	1	-	-	-	1	0-2	-	-	-
TELLIGEN	-	2	-	-	2	-	1-5	-	-
IDJC	-	3	4	20	7	-	0-7	1-9	1-39

## Detailed Breakout of Complaint Reporting for Q4 (April 1, 2023 – June 30, 2023)

**YES Centralized Complaints:** The category includes all complaints filed via the YES Website, YES 1-855#, and the YES inquiry email. Complaints captured in this category may be about any YES service provided by any partner in the YES system of care and may be duplicated by the partner in their own report section.

Table 3- YES Centralized Complaints

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status as of June 30	Resolution	Timeliness to Resolution (days)
4	1/30/2023	Phone	Clinical care	Concern with the treatment daughter was receiving while inpatient at behavioral health care facility. She is not getting the resolution she wants as daughter is not ready to be brought home. The concern was about daughter being COVID 19 positive while inpatient and the lack of protocols at the facility. Mental health issues being experienced by daughter were exacerbated	<b>(Carried over from Q3) Closed</b>	Longer resolution time as IDHW requested additional information (3X) from mother regarding dates of her daughter’s inpatient stay, which was received on 5/24/23. Referred to Telligen for a quality-of-care review. Telligen had to request additional records from facility, which delayed process further. Once received medical documentation and notes from patient’s stay were reviewed and the results found steps taken by hospital were appropriate for the safety of patient & others, that CDC protocols issued during this time were followed along with plans for visitation every other day from mother in which they could go outside	185 calendar days
7	4/11/23	In-Person	Quality of Care	Parent shared ongoing concerns with MTM as they investigated themselves and found themselves to not be at fault regarding complaint about no shows. Parent wants to know (1) how many complaints MTM is reporting, (2) how many of said complaints were being marked as “resolved” because MTM investigated themselves and found	Closed	Correspondence with MTM contract monitors to pull formal complaint submitted by parent to compare to what parent had shared during QFAS meeting. MTM complaint did not seem comprehensive and was lacking detail (complaint added to the YES tracker as <b>duplicate</b> since it	22 calendar days

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status as of June 30	Resolution	Timeliness to Resolution (days)
				<p>themselves to not be at fault so they "resolved" the complaint, (3) if MTM's contract required them to provide a network of providers similar to Optum, (4) is it required in the MTM contract to provide an opportunity for parents to remain anonymous if filing a complaint If not, why? and (5) why is there no additional information provided on MTM's website or form, to also file a complaint with YES. If Medicaid is their contract holder, this should be provided as an option. <b>DUPLICATE, previously reported to MTM.</b></p>		<p>would be captured by MTM). Issues noted and shared with parent as follows: 1) Targeted Care Coordinator (TCC) called on 3/10 requesting recurring trips and on 3/13 asking why trip fell through. Neither time did TCC provide parent phone number as point of contact; 2) parent phone number entered in system before connected to customer service and number did not make it into client's file; 3) MTM's approved protocol regarding a missed trip, in which a customer service rep is to make 5 calls to other providers to secure transport while caller remains on the line did not occur, and customer service provided with additional education by call center supervisor to help mitigate future errors; 4) MTM reported another provider accepted trip per their short notice trip process but was unable to contact anyone to confirm pick-up time and canceled the trip; and 5) Per MTM's once a provider notifies rider they have arrived, provider may leave after waiting 10 minutes to ensure other riders are picked up timely.</p>	
UNK	4/17/2023	Phone	Billing	<p>Individual called to report food stamp fraud. Left number 989-817-8042 and then corrected to 989-847-8042. Was very hard to hear. Uncertain if corrected number was captured.</p>	Closed	<p>Learned client could call direct fraud number at 1-866-635-7515 or 211 to report these concerns. Called and left detailed message with direct line for fraud concerns as well as 211 on 989-817-8042. Unable to leave message at 989-847-8042 as unable to connect message received when dialed.</p>	9 calendar days

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status as of June 30	Resolution	Timeliness to Resolution (days)
7	5/10/2023	In-Person	Access	<p>Parent complaint about BPA voucher respite process as it is not easy for parents to “readily understand, is cumbersome when attempting to get necessary CDA and CANS, and then often times documents may be incomplete and for most families, they do not realize they have received incomplete information until BPA notifies them their information is incomplete at which time, the family has to start request process all over again.” Reported process as tedious, frustrating, &amp; overwhelming. Manner in which documents have to be uploaded (electronically) is time consuming. Also expressed that for any child 14+ yrs. of age, the process would be delayed due to needing to obtain signed ROI from youth. Parent stated process needs repeated each time a parent requests a voucher, is very complex and not family friendly. Expressed concern over why entire CANS (including narrative) is required as repeatedly sharing it is traumatizing &amp; has sensitive information not only about son but family as well. Parent indicated providers only need to establish SED eligibility and wanted to know which rule states full CANS is required when seeking respite and additional families have expressed to her this is why they "refuse to use BPA as they are not entitled to all of the trauma." Parent experienced frustration when seeking answers as DBH is currently in a blackout period Entire process not set up to be family-friendly and is discouraging and causes parents to give up on voucher respite.</p>	Closed	<p>DBH QA indicated it might not be a rule issue but rather a contract requirement. Contract manager followed up with BPA. Contract monitor (CM) reported working with parent on her want to improve the BPA respite voucher process prior to black out period. CM spoke with parent clarifying different types of respite, affirmed parent her points on how DBH could improve process were valid, and that department had started conversations before RFP went out. CM indicated operation of current contract with BPA needed updated and let parent know IDHW is taking concerns into advisement. Sought clarification from BPA regarding how current contract is worded. According to YES Medicaid, a youth needs to have assessment and CANS to determine eligibility for class membership and Optum is okay being informed assessment has been completed and what CANS score is. DBH may need to look at contract to clarify what we expect BPA to request from families. If it says a full CANS report DBH may want change to reflect notification of an assessment being completed with summary of CANS score. Resolution delayed as a result of contract being in black out period Provided update in Parent Coordination Meeting.</p>	47 calendar days

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status as of June 30	Resolution	Timeliness to Resolution (days)
7	5/10/23	In-Person	Clinical Care	<p>Parent reported her son started services back in November while at peak crisis, and due to workforce shortage, he kept getting bumped from individual sessions. From November to February has only had 5 individual sessions "so in 3-4 months, he was being cancelled and pushed out." Mother filed complaint in February with the agency in question but wanted to know if and to whom agencies were required to report to and wondered why contracted agencies did not have to follow the same guidelines as the MCO, and why the contractors such as MTM and BPA do not have to provide an opportunity to complainants to remain anonymous. Mother suggested that they could include YES email or website on their respective pages if complainants would like to remain anonymous. A simple statement of, "If you are a YES Class member and would like the opportunity to file a complaint anonymously, please visit..." Mother indicated she was realizing how inconvenient it is for families needing to file complaints multiple different ways instead of within a centralized complaint system. It would make the most sense to be able to go to MTM, BPA, or a private provider to file complaint and then automatically be directed to YES website to file the complaint. It is followed up on and investigated once in the YES site and parents can also remain anonymous if they choose to.</p>	Closed	<p>Complaints team discussed this issue and indicated it would be best if mother filed an official complaint directly with Optum regarding son's situation so they can track if there are ongoing issues with certain providers as Optum has oversight. Informed mother it would also be helpful if a copy of this complaint could be provided to the YES complaints team so if there is not satisfactory resolution from Optum's side, YES complaints team can then also work with them to seek a resolution. Mother's feedback taken back to IDHW contracting teams. Medicaid is looking into putting links on their contractor websites for YES class members and for their representatives to file anonymous complaints at the YES website if they want to. For example, MTM, Telligen, Dental websites, etc. many of these contracts don't accept anonymous complaints because they cannot research them and meet their contractual obligations. However, IDHW can still accept anonymous complaints through YES to track patterns and possible issues, and lead to performance improvement projects, quality reviews, etc. The next step is talking about this at Sponsors &amp; in BCM leadership meeting. Update provided to mother in both QFAS &amp; DPWG. She liked these ideas. Will continue to update on progress.</p>	41 calendar days



Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status as of June 30	Resolution	Timeliness to Resolution (days)
4	5/22/23	Website	Clinical Care	FYIdaho advocate working with an adoptive parent regarding EPSDT denial and appeal process. Parent canceled the appeal process as she was told to do more HI. HI/BI worker is playing 1st person shooter games and mother told this is to “trigger a behavior so they can deal with it,” which mother voiced as “inappropriate intervention.” Mother expressed concerns related to lack of service after EPSDT denial which she feels led to increased violence in home and placement into foster care. Mother concerned about retaliation and is not following up with YES as a result of this. FYIdaho reported parent told them it had been FACS Child Welfare social worker that reportedly said 1st person shooter games were therapeutic, and not the CHIS provider, hence why family was worried about retaliation thus remaining anonymous.	Closed	FACS DD, QA, & QIO Monitoring notified. FACS DD indicated they could not open investigation to address concerns with staff behavior or access to services without knowing who client is but, documented as their QI team is currently completing agency’s CHIS review and will be looking at their program, supervision, and training documentation for staff. FACS DD will complete parent satisfaction interviews as part of their review process and if any concerns are noted; they would result in technical assistance, consultation, and/or a corrective action plan. Submitted complaint to Licensing & Certification (L&C) who indicated they could not investigate without knowing who client is, stated issue may not be happening during Medicaid funded services, but rather happening by residential staff; and would look into matter. Requested additional information from Advocate at FYIdaho so DBH could provide general, collaborative training/education with department teams to help better serve families moving forward.	3 calendar days
2				Provider indicated she has three youth whose families are trying to get Respite for the summer and are unable to do so because they need to get on Medicaid’s YES Program to access it, and Liberty told the families it’s a 60–70-day waitlist to get an initial assessment due to the number of redeterminations happening right now.	Closed	Followed up with Liberty Director after specific names and MIDs were obtained from provider to request earlier dates for these youth and determine if waitlist time is accurate, and rationale for why assessments are so far out. Liberty indicated one youth had already rescheduled to 6/9/23	9 calendar days

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status as of June 30	Resolution	Timeliness to Resolution (days)
	5/30/23	Phone	Access			before YES Complaint Line staff reached out. Reported they have contacted the other two families and the hope is that families will be available to do assessments this week or next. Staffing for Liberty has improved with 2 new hires, and 1 back from FMLA so waitlists will decrease. Notified contract manager, so this can be noted in contract monitoring as waitlist time goes against their contractual obligations.	
UKN	6/8/23	Website	Complex	Advocate for family reported she had been invited to treatment team meeting for a child at Copper Hills. The meeting included Chief Clinical Officer (CCO) at Copper Hills, mom, and others. Several specific issues were identified which CCO responded he would leave meeting, go find out, and call mom. Advocate wrote a follow up email to CCO, and he responded she should follow up with the primary therapist as well as the student advocate/parent liaison. When advocate did not hear back from Copper Hills, she wrote a detailed email outlining questions that had previously been sent to ESPDT who added this concern to Telligen's quality review of Copper Hills for other issues brought to their attention. Advocate reached out to the YES Complaint Team to make sure parent's concerns had been documented and if there were any other solutions that could be offered to empower the family. <b>DUPLICATE, previously reported to EPSDT.</b>	Closed	Complaint forwarded to EPSDT team to see if they could provide more information and let YES Complaint team know what the next steps were. Response from EPSDT team as follows: We had a staffing with mother and Copper Hills clinical staff (including a supervisor) in early May. EPSDT notified some of the concerns regarding the rapid increases in level/incident report notifications were still an issue on May 15. EPSDT team reached out to Copper Hills again and were notified student advocate/parent liaison would be reaching out to mother to discuss the issues. Team has not been notified of concerns from that point.	14 calendar days
1				FYIdaho Advocate reported youth had been discharged from residential treatment facility that had approximately eight weeks to prepare	Closed	YES Medicaid team notified that youth is not enrolled in Medicaid but concerns about facility were documented and will be taken	16 calendar days

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status as of June 30	Resolution	Timeliness to Resolution (days)
	6/8/2023	Website	Quality of Care	for discharge & weeks of knowledge of the DC date. Parents showed up and he was not packed, staff were telling parents how awful kids are treated there, and told son was failing school. Mother wanted advocate to share her concerns: 1) schooling didn't follow the IEP or address school needs. Mother was told he was failing school, but it wasn't documented; 2) youth was not packed and they had to leave things behind and sort through items with 20 minutes until their flight which can be so traumatic for a teen to have to leave his possessions without any prep.		into consideration when looking for placements for Medicaid children. Followed up by DBH since youth placed by Children's Mental Health (CMH). Notified Contract Monitor (CM) about mother's concerns so they could follow up on and/or address issues. CM asked regional CMH clinician for name of youth so she could pinpoint which location youth had been placed. Told Contract Monitor and regional CMH clinician the complainant wanted to remain anonymous	
UKN	6/14/2023	Phone	Access	C-WHO provider agency, ICAT Chair & provider as well as ICAT co-chair & provider expressed concerns regarding integrated behavioral health care, the challenges providers face when seeing patients, and barriers to care. The two primary complaints were: 1) CANS is a barrier to entry-level, basic behavioral health care for all providers. It is a good tool for higher level care and identifying those needs. 2) Paperwork required for behavioral health services (assessment, treatment planning) is burdensome for integrated BH providers (CDA, CANS) Suggested fixes were: 1) revisiting what services require a CANS to be done, 2) can it not be required for psychotherapy or can it not be required for x amount of psychotherapy sessions, and 3) having a briefer CDA in the integrated setting (similar to an EAP assessment)	Closed	Followed up with Optum and leadership about requirements of the CANS in the Settlement Agreement, what changes DBH may be able to make to what services and how much of them require a CANS, as well as the CDA suggestions from C-WHO. No timeline on if or when changes can be made. Information logged and closed as it will be an ongoing discussion on policy changes	7 calendar days
7				Parent expressed concerns regarding timeframe it took to complete a CDA and CANS, signing I-CANS paperwork, not being able to review CANS information or ratings before it was	Closed	Complaint forwarded to Medicaid and CANS CoE for collaboration to get provider some additional training on how the CANS should go. Followed up with Medicaid,	57 calendar days

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status as of June 30	Resolution	Timeliness to Resolution (days)
	6/27/2023	Website	Clinical Care	finalized, receiving a hard copy of CDA/CANS, as well as list of waitlists for recommended services (which had been requested 3x) for their child. Provider told parent per Rehabilitative Health Services' policy, they do not review CANS with the family prior to it being finalized and if they disagreed with policy, would need to file a complaint with supervisor. Provider asked if parent was afraid/worried that ratings would be too high/low? Parent indicated they unsure as they had not seen the CANS. Parent asked CANS could be re-visited if she disagreed with information in it was told by provider they would/could not do this and again directed to contact her supervisor. Parent verbalized his experience as not being person-centered care and no consensus was reached on CANS.		they are going bring complaint to Optum and have them follow up with training for the provider. Optum reached back out to YES team with additional questions about complaint. Information was provided. Optum completed investigation and provider will be setting up a meeting to complete the CANS with the parent prior to entering the findings into ICANS. Additionally, provider will be supplying the member's parent information about waitlists. Optum's Quality Team spoke with member's mother and relayed this information. Mother was agreeable to this and was informed to call back if concern was not resolved.	

\*UKN is abbreviated for unknown. \*\*Still pending indicates cases that were still in progress when data for this report was pulled. The two cases that were carried over from Q2 were not counted as complaints for this quarter in Table 1 as they were already accounted for in the previous report.

### Division of Behavioral Health (DBH)

*Table 4: This category includes complaints about DBH Regional Clinics, or any services reimbursed by DBH. This will eventually include the Youth Behavioral Health Crisis Centers, Youth Assessment Centers, and Psychiatric Residential Treatment Facilities as well as Treatment Foster Care.*

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status as of June 30	Resolution	Timeliness to Resolution (days)
No complaints received this quarter.							

## Division of Medicaid (Medicaid)

Table 5: Includes complaints filed with the Children’s Medicaid/Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Team

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status as of June 30	Resolution	Timeliness to Resolution (days)
4	4/19/2023	Verbal	Quality of Care	Parent reported her son recently disclosed being bullied while at a PRTF from October 2021-February 2022. Parent wanted to inform us but was not looking for any action.	Closed	Parent was provided with the PRTF contact information and completed outreach to them herself. Did not ask for any further assistance or follow-up	1 calendar day
4	5/15/2023	Verbal	Rights	Parent reported Yellowstone Boys and Girls Ranch (YBGR) had donors and volunteers at facility without consent or ability to opt out. Parent believes this is a violation of privacy/rights. Parent will be reaching out to YBGR attorney and reporting facility to licensing and CMS.	Closed	Parent removed member from PRTF on 5/31/23 due to concerns with how she had been treated. Parent has not asked for further assistance from Medicaid. Montana State L&C reached out to EPSDT Clinical supervisor and informed her that could not validate claims of the member or parent. Asked for a letter to be sent once investigation concluded. No letter has been received yet.	16 calendar days

Table 6: Optum complaints:

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status as of June 30	Resolution	Timeliness to Resolution (days)
1	3/31/23	Written	Access	Member Against Provider – Provider did not meet access standard - routine	Resolved, 4/11/23	Unsubstantiated	12 calendar days
4	4/10/23	Written	Service	Member Against Provider – Inaccurate info given by provider/practitioner	Resolved, 4/13/23	Unsubstantiated	4 calendar days
4	4/19/23*	Verbal (phone)	Billing & Financial	Member Against Provider – Provider balance billing member	Still pending	No Decision Summary listed	-----
4	4/19/23*	Verbal (phone)	Billing & Financial	Member Against Provider – Provider balance billing member	Resolved, 5/1/23	Substantiated	13 calendar days

1	4/28/23^^	Verbal (phone)	Billing & Financial	Member Against Provider – Questionable billing practices	Still pending	No Decision Summary listed	-----
1	4/28/23^^	Verbal (phone)	Billing & Financial	Member Against Provider – Questionable billing practices	Resolved, 5/4/23	Substantiated	7 calendar days
3	6/30/23	Verbal (phone)	Clinical	Member Against Provider – Inadequate or inappropriate treatment intervention	Still pending	Still pending	1 day thus far still pending

YES Medicaid team had to look up clients to determine what region they resided in and reached out to Optum to request that this information be included moving forward for YR24. \*Compliant information pertains to same complaint which was listed twice in Optum data with first still pending in April and closed in May. ^^Compliant information pertains to same complaint which was listed twice in Optum data with first still pending in April and closed in May. Each of these duplicate complaint entries were counted once for the overall quarter total in Table 1.

Table 7: Liberty Healthcare Idaho Independent Assessment Services complaints:

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status as of June 30	Resolution	Timeliness to Resolution (days)
No complaints received this quarter.							

Table 8: Medical Transportation Management (MTM) complaints:

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status as of June 30	Resolution	Timeliness to Resolution (days)
5	6/2/23	Written	Provider	MTM process	Closed	Substantiated – Education was provided to the transportation provider via grievance report 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.	14 calendar days

Table 9: Telligen complaints:

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status as of June 30	Resolution	Timeliness to Resolution (days)
No complaints received this quarter.							

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

There were 2 youth complaints and 0 family complaints received during the 4<sup>th</sup> quarter of SFY 2023.

Table 10: IDJC Family Complaint Detail, SFY 2023, Q4

<b>Families</b> <i>Family members of YES class members whose complaint/concern was directed to the Superintendent</i>							
Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status as of June 30	Resolution	Timeliness to Resolution (days)
No complaints received this quarter.							

Table 11: IDJC Complaint Detail, SFY 2023, Q4

<b>Youth</b> <i>YES class members whose complaint/concern was formally received by IDJC staff</i>							
Region	Date of Complaint	Source of Complaint	Category*	Complaint Summary	Status as of June 30	Resolution	Timeliness to Resolution (days)
2	4/11/2023	Verbal		Youth stated he asked staff for a mask several time and did not receive one	Resolved	The Unit Manager apologized to youth for not making a mask immediately available. He was provided with a mask.	1 calendar day
1	5/21/2023	Verbal		Complainant expressed that a peer was being disruptive and not allowing peers their religious time	Resolved	Measures were taken to prevent peers from being disruptive. Youth feels that staff have done	39 calendar days

						better at removing disruptive peers and they can practice religious services again.	
--	--	--	--	--	--	-------------------------------------------------------------------------------------	--

\*The complaint category column was added in Q3 and IDJC does not currently specify category; therefore, this column was left blank until IDHW could receive input from IDJC on how they categorize their complaints. As of the writing of this report, the categorization of IDJC complaints had not yet been received.



## YES Appeals

A total of 58 appeals were received in SFY 2023 during Q4. Appeals are formal requests for a review of decisions made about eligibility for services

Table 12: YES Appeals Q1, Q2, Q3, and Q4. Note this table added in Q3 for quick reference and comparison across quarters.

	YES	DBH	Optum	EPSDT**	MTM	Liberty	Telligen	Total
Q1	0	2	0	0	0	0	3	5
Q2	0	0	12^	1	0	0	0	13
Q3	0	0	70^^	2	0	0	3	75
Q4	0	0	56^^^	1	1	0	0	58
SFY to date	0	2	138	4	1	0	6	151

^ 0 member appeals and 12 provider disputes  
 ^^ 1 member appeals and 69 provider disputes  
 ^^ ^ 4 member appeals and 52 provider disputes

Table 13: Timeliness of Resolution for Yes Appeals Q1, Q2, Q3, and Q4.

\*This table was not added until Q3. Optum data did not include number of days until issues were resolved. It is anticipated this will be added to their data report for future quarters.

Note in Q4 YES, MTM, IDJC, FACS, and SDE were removed as line items on this chart since decisions these partners make are not appealable per se.

^As a result of removing the 5 aforementioned YES Partners from this chart, total average SFY to date for days to appeal resolution numbers were impacted.

	Average Days to Appeal Resolution					Range of Days to Appeal Resolution			
	Q1	Q2	Q3	Q4	SFY	Q1	Q2	Q3	Q4
DBH	33	0	0	0	33	0-36	0	0	0
OPTUM	*	*	*	13.4	13.4	*	*	*	2-30
EPSDT	0	76	23	96	97	0	0-76	17-29	0-96
LIBERTY	0	0	0	0	0	0	0	0	0
TELLIGEN	8	0	32	0	20	3-19	0	18-48	0

DBH: No Appeals for Q4

Table 14: EPSDT Appeal Detail, SFY 2023, Q4

Member Region	Type of Appeal	Date Received	Description	Case Status	Receipt Method	Date Resolved	Decision Summary	Number of Days to Resolve
2	Standard	4/17/2023	Appeal due to denial of EPSDT – PRTF	Closed	Email	7/21/2023	2 <sup>nd</sup> level review was completed which resulted in another denial; parent/guardian chose to withdraw as member was placed in a residential treatment center through Children’s Mental Health	96 calendar days

Optum: Had 1 Member Appeal and 10 Provider Disputes for members received for Q4. From the data provided by Optum, 5 of the new provider disputes for members were closed. Tables 15 and 16 on the following page will provide appeal details for both Member and Provider Disputes. To facilitate a better understanding of these tables, refer to highlighted section in the text box below which provides an explanation for each Optum eligibility category.

**For Table’s 15 & 16 OPTUM ELIGIBILITY CATEGORIES EXPLAINED**

CC = youth who are eligible for both the Medicaid YES Program and another program. In this situation, YES Program eligibility would be secondary coverage.

44 = youth who are eligible for the Medicaid YES Program.

N/A = youth 0-17 who are not enrolled in Medicaid’s YES Program, but may still be YES class members.

Table 15: Optum Member Appeal Detail, SFY 2023, Q4

MEMBER APPEALS FOR MEMBERS AGES 0 TO 18						
	CC		44		N/A	
Month	Member Appeals Received	Member Appeals Closed	Member Appeals Received	Member Appeals Closed	Member Appeals Received	Member Appeals Closed
April 2023	0	0	0	0	1	1
May 2023	1	0	0	0	1	1
June 2023	0	1	0	0	1	1

Table 16: Optum Provider Disputes for Members Appeal Detail, SFY 2023, Q4

PROVIDER DISPUTES FOR MEMBERS AGES 0 TO 18						
	CC		44		N/A	
Month	Member Appeals Received	Member Appeals Closed	Member Appeals Received	Member Appeals Closed	Member Appeals Received	Member Appeals Closed
April 2023	2	4	1	1	22	15
May 2023	2	0	0	0	11	14
June 2023	2	3	1	1	11	11

MTM: No Appeals for Q4

Liberty Healthcare Idaho Independent Assessment Services: No Appeals for Q4

Telligen: No appeals for Q4