

YES Rights and Resolutions

COMPLAINTS AND APPEALS
JULY 1 – SEPTEMBER 30, 2023
SFY 2024, Q1

QUALITY
MANAGEMENT
IMPROVEMENT AND
ACCOUNTABILITY
DEC 21, 2023

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YES Rights and Resolutions

JULY 1, 2023 – SEPTEMBER 30, 2023 (SFY 2024, Q1)

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 25 complaints were received in SFY 2024 during Q1.

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

| | YES | DBH | Optum | EPSDT | MTM | Liberty | Telligen | IDJC | FACS | Total |
|-------------|-----|-----|-------|-------|-----|---------|----------|------|------|-------|
| Q1 | 9 | 0 | 9 | 0 | 4 | 0 | 0 | 3 | 0 | 25 |
| Q2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Q3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Q4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SFY to date | 9 | 0 | 9 | 0 | 4 | 0 | 0 | 3 | 0 | 25 |

Table 2: Timeliness of Resolution for Yes Complaints Q1

**This average response rate includes a complaint that was received in a previous quarter. The complainant was not satisfied with the outcome. The Department took extra steps to satisfy the complaint resulting in the lengthy resolution time frame.

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

^^ This average response rate does not account for two cases still pending which were received in the last week of Q1.

| | Average Days to Complaint Resolution | | | | | Range of Days to Complaint Resolution | | | |
|----------|--------------------------------------|----|----|----|-----|---------------------------------------|----|----|----|
| | Q1 | Q2 | Q3 | Q4 | SFY | Q1 | Q2 | Q3 | Q4 |
| YES | 29 | - | - | - | - | **1-112 | - | - | - |
| DBH | - | - | - | - | 0 | - | - | - | - |
| OPTUM | ^13 | - | - | - | - | ^^1-88 | - | - | - |
| EPSDT | - | - | - | - | - | - | - | - | - |
| MTM | 8 | - | - | - | - | 1-17 | - | - | - |
| LIBERTY | - | - | - | - | - | - | - | - | - |
| TELLIGEN | - | - | - | - | - | - | - | - | - |
| IDJC | 4 | - | - | - | 4 | 1-4 | - | - | - |

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 Sept 30 | Resolution | Timeliness to Resolution (days) |
|--------|-------------------|---------------------|----------|---|----------------------|---|---------------------------------|
| UNK | 7/17/2023 | Email | Access | Received both a call and email from the same family member for this complaint - Grandmother calling about her grandchild. They went for their DD assessment with Liberty on 7-17 and spent 3 hours there. They completed a YES assessment in June. During the DD assessment, grandmother said assessor told them they were already on the YES program and had been for years, so they weren't sure why they were back. Grandmother reports they were refused a case manager for years and she doesn't understand why since grandson had Medicaid and the YES program. She says she was never told they were on the YES Program and doesn't know what it is. | Closed | Reached out to Developmental Disabilities (DD) about this case. Informed youth has a DD case pending and has been assigned a case manager, whom should reach out soon. Date of DD assessment confirmed and DD is waiting on Liberty to send back documents to set the budget for his case. The assessment shows as having been rescheduled multiple times. DD shows that youth has been active in DD before, but had a lapse in service due to not doing the reassessment. DD unsure why they were "refused" a CM before. YES complaint team member replied to grandmother's email to let her know a CM will be reaching out soon as their case is pending and invited grandmother to send in any further questions she has. Received the voicemail after replying to the email, will call her back if she has further questions. | 1 |
| UNK | | | | Received email from Provider regarding process to become an agency (under Optum) which had been started a year ago. Provider turned in application in February/March and did not receive group credentialing until the end of June. Optum sent a letter indicating provider was approved and needed to link to the Provider | Closed | Mailed provider information received from Optum to close the loop ensuring the provider was aware of the status of their complaint. Provider was notified the complaint would be closed and to please reach out if there were any questions or concerns. | 13 |

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|--------|-------------------|---------------------|----------|---|----------------------|--|---------------------------------|
| | 7/18/2023 | Email | Access | Express (how we bill) as the next step. Provider reported there was an issue with data migration on Optum's end and has been waiting nearly a month. During this time, agency has three clinicians who are not able to see clients. Optum and their processes are one of the barriers to getting more service providers in our area. | | | |
| 1 | 7/19/2023 | Website | Other | COMPLEX My child entered RTC facility over 2.5 years ago. I have many concerns but will try and pin-point them but would need someone to contact me as the box isn't big enough to list all the infractions. Before the first 6 months we knew they had triangulated and pitted facility against us. For that reason we were alienated; this was during COVID so visits were not allowed. Never once, we were allowed to visit did we notice nutritional meals. When asked about this I was told "we have meals planned by a nutritionist and staff are not following this." We expected change and up till about 3 months ago it still had not. The only change was attitude we received from many staff for telling on them. Staff turnover is huge and people just do whatever they like. Our child was not to have electronics or access to bio family. About 4 months in we learned for them to behave they were given the staff's cell phone to do whatever as "long as they were good." Contacted bio family but shortly thereafter ran away as one forbidden bio family member came to visit. They didn't do school and they didn't follow I.E.P guidelines and child lost it. When we picked our child up after 2.5 years to move them to another facility we learned the "teacher was a staff member and she told us she had no clue how to teach 10th grade math and English" She also advised child was flunking this was 8 days before the term ended. We received a report | Closed | Followed up with CMH clinician and contract monitor. CMH requested zoom meeting be arranged between YES complaints, CMH and FACS Contract Monitor as CMH would not be supporting any placements at the facility any longer as historically they had not been effective. CMH voiced concerns about amount of freedom residents had within and thought it was interesting youth had been there almost two years with no progress until facility was told CMH would be moving them. Informed Developmental Disabilities (DD) was also involved in youth's case. Follow up email sent to DD to inform them about complaint as CMH unsure if DD had been made aware. Staffing held with CMH and Contract Monitor. YES complaint team member followed up with mother to inform calls to report abuse allegations had been made to UTAH Licensing and CPS. Provided contact numbers for both Utah agencies so mother could call as it had been suggested by CMH and Contract Monitor that she provide parent perspective. Spoke with Licensing and CPS; provided particulars about the alleged misconduct-abuse. Provided client's demographic information as well as | 16 |

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| | | | | <p>indicating they passed with A's and B's, "obviously they didn't know I was made aware and had staff complete homeschool work." We asked for child to be ready as we had to fly in from WA. and fly out to Boise. There was a snowstorm and we had less than 8 hours to sleep, get them, and return to airport. Drive to and from airport to was 3 hours. When we got there child was asleep, stuff was not ready and what was there were things that were pulled from dirty laundry and trash. Therapist consistently corrected family and never helped us do family work that would bring our child home, never required to do all phases until they we're informed of no longer getting paid. In 3 months child advanced most of the phases in the program when they spent most of the 2 years in the first. Child was stealing, running away fighting, trying to self-harm and all was not being reported to family. When we tried to push for standards we were told just not enough staff. There are so many things going wrong for these kids in that facility up to and include contact with staff that were fired. Staff giving phone numbers for our minor child to contact them when out but not allowing parents to know. So many violations, those youth need someone to ensure their daily needs are being met much less the long term care they so desperately require. I have tons of proof that facility should be shut down! I would like someone to go in and investigate those staff members, help the children that remain in the facility. Since my child left and was placed into a different facility, I hear from them at least twice weekly. Their voice is full of emotion and happiness in talking to us. They pitted our child against our family when the largest crisis was they may not</p> | | <p>contacts for mother - address, phone, and email. Provided name and address of facility in question. Provided contact information for Idaho Contract Monitor and CMH clinicians. Follow up call from Utah CPS indicating they would be opening a case regarding possible physical abuse and that a CW would be reaching out to Idaho as well as youth for more information. Utah CPS and Licensing were notified about mother's concerns. Contract monitor is following up as well.</p> | |

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| | | | | have a home to come to if they didn't find a way to repair family relationships. Provided email and asked if she could email any documentation she had or provide something in writing that could be forwarded on to contract monitor. Mother stated child was at facility in Provo placed through CMH. | | | |
| 5 | 7/30/2023 | Email | Other | COMPLEX Department received copy of letter sent to multiple DHW executive staff, Children's Mental Health Services, and YES Idaho. Parents expressed deep concern regarding current state of mental health services that their youth is receiving, or rather, not receiving, through Idaho Children's Mental Health Services (CMH). Youth has several diagnoses that "profoundly affect executive functions, causing challenges in emotional regulation and impulse control. These diagnoses are related to structure and function of the brain, demanding a comprehensive treatment approach that includes medical, psychological, and environmental strategies." Parents reported some success in managing behavior in the home, but stressed major challenges, arise in areas where parents have less control or influence, such as school, church, and social settings with friends. They have sought additional professional assistance to support these areas for most of youth's life but with minimal success. Parent's core objective has been and remains to ensure that their youth gets suitable medical and mental health treatment needed for cognitive development, leading to a fulfilled and healthy life. For past two years parents with guidance of a TCC under the YES program have sought help from numerous professionals such as an MD, attending | Closed | Forwarded complaint to EPSDT. Notified second level review is currently taking place with different psychiatrist than whom completed initial EPSDT review resulting in denial. TCC has been continuously assisting family connecting them with resources, providing education around levels of care, and numerous referrals. Regional CMH Chief indicated region is working with family - Steps region has taken thus far on this matter have been speaking with client's psychiatrist regarding recommendation for RTC despite client's DX, both assigned and PLL clinicians met with mother to gather all possible history and obtained necessary releases to request records, plans to go through decision making model to see if client would even qualify, will most likely hold a RTR, and have reached out to the facility to explore other possible RTC options. Client may become a 20-511a case due to recent legal charges. CMH R5 is actively working on addressing parent's concerns. Parents notified complaint has been addressed. | 22 |

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| | | | | <p>Partial Hospitalization Program and Intensive Outpatient Program, multiple therapists, and a psychiatrist. Yet, despite engaging in this myriad of programs and therapies, youth's difficulties in impulse control, emotional regulation, and overall executive functioning persist. Parents report "unanimous recommendation from every one of these experts is intensive residential treatment." Went through EPSDT process and youth deemed ineligible for Psychiatric Residential Treatment Facility. EPSDT suggested they would fit better in a Residential Treatment Center. Parents appealed decision as conditions are more psychiatric than behavioral and await their response while continuing to look at all options. Upon receiving initial denial, EPSDT directed parents towards CMH, which they promptly contacted and were hopeful CMH would help in orchestrating and implementing a comprehensive treatment plan; they were disappointed to be told repeatedly the only service department offers is an in-home, non-medical, parent-oriented behavioral management program, which "does not address his fundamental therapeutic and mental health requirements. Its underpinning assumption seems to be that unruly child behavior stems only from inadequate parenting. We have confidence in our abilities as parents and are open to expanding our knowledge." Youth's needs extend far beyond this program. Based on advice from every medical and mental health professional, we understand residential treatment is the only path that offers the intensive therapy required. Such treatment would also allow family and the school district school to regroup and strategize to meet the diverse needs when the youth completes that program. Upon</p> | | | |

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| | | | | <p>persistent inquiry from our side, it came to light that the department has contracts with and the capacity to fund residential treatment, albeit only after "all other options have been explored," according to your guidelines. However, this "other option" appears incongruous with needs, given its lack of provision for youth's requisite medical and mental health treatments. Parents report journey through this process has been characterized by a consistent lack of direct guidance from the institutions they turned to for support and stated they had been stuck in a loop of redirection and constant reassessment, which has left us effectively stranded in a state of uncertainty. Youth's condition continues to deteriorate due to the unfortunate combination of inadequate mental health resources, bureaucratic obstacles, and a steady stream of contradictory information. Parents indicated youth not currently engaged in any program, lacks a therapist or adequate school options; and family feels completely alone. They noted that until a month ago, youth had never faced legal troubles nor had issues with truancy or probation. Parents concerned that department and clinician implied that this absence of legal involvement was due to overprotective parents, yet no effort was made to comprehend successful strategies they had employed in the home environment to manage behavior. Also, recent suggestion implied need to face more serious legal consequences before department can extend further support has deeply troubled us. It's distressing to consider subjecting our family, and especially our youth, to additional stress and anxiety, potentially exacerbating the condition, all for the sake of "checking off the box" that a service has</p> | | | |

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| | | | | <p>been attempted and failed, as the only path to gain access to services that every medical professional agrees is urgently needed. Youth expressed a desire for help even before the recent legal issues emerged. In the span of the last 60 days, youth's life has taken a drastic turn. Youth has been issued city and county citations/fines and charged with felony battery following an attack on sibling. Law enforcement has been summoned to our home four times in three weeks, and the youth or sibling has needed emergency room treatment on two occasions. Parents report they recognize bureaucratic systems are complex but must remember that we are dealing with a child's life - a child who regularly pleads for help, desires to attend a facility equipped to assist them, and yearns to "be normal." Child has the support of family and community, but they have reached the limits of their ability to help. What they require now is appropriate professional medical care. Parents implored immediate attention to this matter and help in ensuring youth gains access to the therapeutic resources necessary for the youth's well-being.</p> | | | |
| 5 | 7/31/2023 | Website | Quality of Care | <p>Parent received email while out of town on business one hour before of COB. In previous weeks, had been informed child's 120 day review was approaching and family and CMH would need to find a time to meet. Parent not able to respond to initial email; however, the following day upon return home from business trip to the East Coast, was promptly met with a second email at 8:30 am the following morning</p> | Closed | <p>Regional CMH Chief notified of parent's concerns with how updated CANS and treatment plan were done - not really following YES principles of communication, location, and time expressed by family. Also notified CANS CoE PM regarding need for additional refresher trainings on updated CANS to support and remind those who do CANS of what</p> | 11 |

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| | | | | <p>which contained youth's completed CANS and Treatment Plan for signature(s). Parent began reviewing these over the next several days and worked to set up a meeting with youth's CMH clinician one week later, prior to the expiration of the plan date. Feedback regarding both CANS and Treatment Plan were shared with clinician prior to the meeting, which parent believed would be discussed in meeting on July 27th. Parent surprised to find "they were going through the motions of checking the check boxes of an entirely new assessment during our meeting on the 27th, in which we completed youth's annual review from scratch, going through each section as if the clinician was new to our family and had not attended a 20-511A with us each month for the past year, not to mention countless team treatment meetings for the past two years." At the end of meeting on the 27th it was determined another meeting would be set to review the CANS and Treatment Plan, which was set for Monday, July 31st, to ensure these could be completed timely given the deadline. Having spent a significant amount of time going through calendars for this week, it was miraculous to find a window of time so promptly that worked for all parties! As the time approached this morning parent realized invitation had been sent for the wrong week, so an email was sent to clinician asking if the meeting link would still work. Having received no reply as the meeting time approached, a text message was also sent, having also received no reply, parent attempted to join meeting and sent notification through Webex that they were waiting to join the meeting that had been agreed upon last week, with a parent advocate present to confirm this was in fact</p> | | <p>they can do to support the YES principles of care and allow family voice to be heard. (internal issue)</p> | |

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| | | | | the agreed upon time. Meeting time has now come and gone by nearly three hours with no communication at all from clinician who regularly states "that our family does not respond promptly, however, we have never missed a meeting and prioritize our child's treatment." Parent stated they were particularly looking forward to this meeting to discuss the CANS given severity of behaviors and safety concerns that occurred during past weekend in which things were shattered and large metal objects were smashed into vehicle by child during escalation, demonstrating our current state of crisis behavior's. It is often noted that the family is the problem, and it is important to note when things go wrong on the other side as well. | | | |
| 5 | 7/31/2023 | Email | Billing Disputes | Parent submitted complaint over youth's most recent assessment(s) being conducted without mine or my child's participation and then submitted via email with request of signature despite having not had the opportunity to collaborate on my child's CANS or Treatment Plan. Not only were these assessments conducted in a matter that is a violation of our rights to collaborate, but they were extremely inaccurate and not reflective of the current situation. In reference to the CANS, my child had scores that had been lowered with the reasoning stated as "This section changed from a 3 to a 2. Youth is out of school for the summer and as a result stress and behavior's surrounding school has reduced" This exact same reduction, scores, and reasoning were used for the majority of the categories, despite the fact narratives expressed in the Treatment Plan express quite the opposite stating that "Youth has locked mom out of the house" and frequently "smashes and | Closed | Complaint forwarded to YES Medicaid team due to billing concern as parent alleges agency billing for assessments when child not present and did not offered parent ability to collaborate on CANS or treatment plan. Parent reported clinician "lost service while traveling that day, and was cut off during 20-511a meeting; yet somehow still billed for a CANS assessment as if it was completed, despite youth's absence for most of the meeting and without participation of child or knowledge of parent." Brought to light possible Medicaid fraud issue and/or training issue for Optum providers. Complaint brought to QFAS with parent's permission. Follow up completed with regional CMH Chief, who requested copy of complaint be emailed to him so he could follow up with staff. Sent email to CANS CoE | 11 |

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| | | | | <p>breaks items since summer has begun" thereby demonstrating inconsistencies between the two documents, and an inability to listen to the family during the monthly 20-511A meetings. After touching base with each member in these 20-511A meetings it was demonstrated that each member was under the impression that summer is in fact far worse and the most dangerous time for youth and members of household due to the lack of structure over the summer that they receives from school throughout the school year. Mother stated that the "discrepancies between case notes of the CMH clinician further illustrate issues in collaboration when clinicians notes are not only inconsistent between documents, but further more do not demonstrate the family and child's voices." For youth Transition to Adulthood scores within CANS was scored as a "0" stating that "they are 17 years old. More time and attention needs to be devoted to their transition to adulthood" with zero offering of transition services despite my request and reference to the YES practice manual for appropriate transitions at this age and time to help prevents service gaps for a child with an SED who scores as a level 3 on a CANS. Mother stated clinician billed for having completed CANS assessment with the child's participation on a date in which a court ordered 20-511A was competed, however, due to extensive behaviors of youth that day, it was agreed by the team, youth would not attend in the best interest and safety of the family. Additionally, clinician lost service while traveling that day, was cut off during the meeting; yet somehow still billed for a CANS assessment as if that is what was completed, despite their absence for most of the</p> | | <p>regarding opportunity for overall improvement on a systemic level pertaining to the need for 'refresher' CANS training on conducting updated CANS assessments as a way to support and remind those who do CANS of what they can do to support the YES principles of care and allow youth and family voice to be heard.</p> | |

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| | | | | <p>meeting and without the participation of child or knowledge of parent in pure negligence. Mother noted "where the CANS assessment is strength based in nature, the narrative only captures items that are in favor of the clinician and not the family" and provided the example where family has requested CMH clinician email family and not text to allow for timely responses while juggling chaotic work lives and ever evolving crisis scenarios surrounding youth; however, clinician continues to text family almost exclusively, emailing as a last resort. Mother expressed that the "narrative notes within the Treatment Plan only highlight times in which family had a delay in communication due to this exact issue related to texting over emailing, and does not highlight all of the times family does in fact communicate, demonstrating a deficit based narrative." She reported goals listed within treatment plan are irrelevant to the child's progress and success within the home and community, going as far as to have a goal for "when the child goes to SHW, they will receive appropriate therapeutic services" as if it appropriate to not only plan for the child to end up in a state run facility as a treatment goal, but furthermore, as if CMH has any control in the types of goals and interventions a state facility can/will implement when a child is under their jurisdiction. The burden of proof to demonstrate the level of care of services lies solely on the clinician and not the family, as such having a statement that says a child is a level 3 and to "Refer to the YES Practice manual for related services on the YES level of care" are by no means sufficient and places the burden of proof on the family.</p> | | | |

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| 4 | 9/5/2023 | Phone | Quality of Care | <p>Mother called to inform complaint line she finally located letter she had received regarding her child's care from a complaint tracked on the FY23/24 tracker log # 23-057. Mother not happy with outcome of QoC review, stated records do not document how family and/or patient experience things. "No where in records would it document the hardships parents go through to advocate for their children." She indicated that every other day visits had not been put into place until after her child had no human contact for 2 days after being placed in isolation. Questioned if the QIO has requested/reviewed daily logs of the first 3 days child had been in isolation as that would have shown something vastly different - what type of contact did they had, what therapeutic services were implemented or offered other than the book "Road, which is an insanely depressing book for anyone let alone a youth struggling with major depressive disorder." Mother commented services were so limited & bad in Idaho she was considering moving her family out of state as much as she hopes she knows "her child will be a repeat user of inpatient hospitalization and does not feel safe with what is currently offered or available." Mother stated she did not want the inpatient care facility to "get a green light" based on outcome of QoC review. Informed mother to send letter she received from the inpatient facility and a new complaint would be opened regarding the patient/family experience not being accurately reflected in records. Mother emailed letter she received from inpatient hospital regarding concerns with child's</p> | Open | <p>Complaint team determined mother may never be wholly satisfied as gist of her complaint has to do with subjective information that is not normally captured within client records during a hospitalization. Reached out to program managers (PM) in Strategy, Design, & Implementation (SDI) and Idaho Behavioral Health Plan Governance (IBHP) Bureaus for guidance on fact mother not happy with outcome of QoC review to inquire whether mother can appeal findings. Reminded both PM's mother wanted original complaint to be forwarded to IDHW and hospital Directors. Informed by IBHP PM QoC review is not appealable as they are not decisions around care & are normally internal to the department. Sought clarification on whether QIO's letter had been sent to mother and asked for a copy of letter mother received from hospital be forwarded to the YES Medicaid team. Informed IBHP PM QIO decision letter had not been sent to mother but rather discussed in a follow up conversation. IBHP PM requested a summary of original complaint and copy of QIO review be sent to them as they will be following up with executive administration staff. Complaint was submitted to JAHCO on behalf of the parent to address.</p> | 112 |

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|--------|-------------------|---------------------|----------|--|----------------------|---|---------------------------------|
| | | | | <p>care. Mother indicated, "they responded to two concerns, meds that they did not give child and how they responded when they had COVID." Mother indicated she had been told "they were giving the meds, and then I learned weeks later they weren't, and child suffered harm from not receiving them, they indicated that the bottle was open so they could not give the meds. Never did they communicate this to me until I accidentally happened to learn the information. I could have brought a new bottle right away. They told me over the phone that someone just put the opened bottle in a locker and never told anyone about it. The provider told me to bring in the bottle and said child would start receiving the med the day I brought it in." Regarding COVID-19, mother reported that "the isolation child experienced is very different from what is documented here. Most days, they received none of these supports. Only by the last day did they get these supports in total. Most supports were not until that last day. Lived experience was inhumane." Hospital has "white washed the experience by documenting it from a retrospective view. If they had to document which support they had each day beginning on Day 1 of the isolation, this would look very different. Further, the lack of understanding by administrators regarding supports and protocols was wildly different, each indicating that they were the final authority on the matter."</p> | | | |
| 4 | | | | <p>Mother calling with questions/complaint about YES program re: counseling/TCC. PC to mother to obtain additional information about youth and to clarify if call on DBH line was a duplicate to one received by YES Medicaid as there was</p> | Open | <p>Contacted Optum for clarification if parents can still benefit from TCC services if a community TCC stops serving the youth and notified them as to how agency in question terminated services without ethically</p> | 48 |

| Region | Date of Complaint | Source of Complaint | Category | Complaint Summary | Status as of Sept 30 | Resolution | Timeliness to Resolution (days) |
|--------|-------------------|---------------------|-----------------|--|----------------------|---|---------------------------------|
| | 9/5/2023 | Phone | Quality of Care | <p>prior entry in tracker for this client (24-026). After speaking with mother this appears to a separate complaint as her concern was over the fact community counselor and TCC informed her two weeks ago that they would not be providing services to her child, which was concerning to her as they were in "crisis mode and she wondered why services had been dropped." Per mother, no transition or referral information was offered until she reached out to agency. She expressed frustration over being in the middle of a CANS when dropped by the TCC. Wanted to know why TCC had stopped working with them and thought how inconvenient it was for parents to have to start process all over again in the midst of a crisis. DX with Asperger's, ADHD, and possible Bipolar. Has been engaging in risky behaviors - binge drinking, aggressive & posturing towards mother/counselor, increased defiance at home. Mother indicated she would be following up on the suggestions that had discussed with her regarding the status of child's Medicaid and was appreciative DBH would be following up from a systems perspective as to quality of care received.</p> | | <p>making connection to alternative providers until after mother followed up with them. Email inquiry sent to Optum Complaints, IBHP, IBHP Docs requesting Optum conduct a quality of care review for agency. Sent resources, contact numbers and links to mother that could assist as she sought out services (Optum Member Access & Crisis Line, Targeted Care Coordination, Optum Resources and Tools, Youth Empowerment Services (YES), Liberty Healthcare, Families and Youth of Idaho (FYIdaho), and regional Behavioral Health Crisis Line). Asked YES Medicaid to verify client's Medicaid status and send requested letter. A member of Optum's Quality team attempted to reach mother for outreach and additional information. Phone call attempts had been placed twice and an email sent once. Optum has not heard back from mother. If she chooses to reply back, Optum will process complaint as per usual process. However, at this time we are not able to move forward with a complaint. YES complaint team member followed up with mother to encourage her to respond to Optum. Mother indicated the YES Medicaid team had contacted her regarding child's Medicaid status and she had spoken to Optum on the 28th. Optum opened a quality of care concern case and it is currently being investigated. Case closed as investigation did not show any quality of care concerns as provider reported due to safety concerns it</p> | |

| Region | Date of Complaint | Source of Complaint | Category | Complaint Summary | Status as of Sept 30 | Resolution | Timeliness to Resolution (days) |
|--------|-------------------|---------------------|-----------------|---|----------------------|---|---------------------------------|
| | | | | | | would not be safe to continue to serve member. Agency did offer parents referrals as well as offered to do a warm hand off or other assistance. Client DC from service after parents refused additional help. Optum had Care Advocate reach out to member and parents - during call it was communicated that no referrals were needed at this time. | |
| UNK | 9/12/2023 | Phone | Quality of Care | Mother reported where her child is enrolled, the Program Director there is under investigation for child neglect of their own child. Mother thinks the director has violated her HIPPA rights. Follow up call to mother to obtain correct spelling of last name, demographics regarding child as well as additional information as to the nature of her complaint. SDI clinician staffed case with YES Medicaid, who then staffed with Program Manager. Ended up staffing case with YES Medicaid staff, who reported to the program manager and sent to Optum compliance. Optum will provide a response once they have finished their research and investigation into this issue. | Open | Optum's Quality manager reached out to the mother in regards to the below complaint. After investigation it was found that the complaint was unsubstantiated with no quality of care concerns found. Optum offered assistance in finding a new CBRS worker. The original CBRS worker was removed from case and other providers with the agency and alternative agencies that could provide services were given to the mother. | 29 |

*UKN is abbreviated for unknown. 3 cases were still open as of September 30th but were subsequently closed in October before the data for this report was pulled.

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 Sept 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 Sept 30 | Resolution | Timeliness to Resolution (days) |
|--------------------------------------|-------------------|---------------------|----------|-------------------|----------------------|------------|---------------------------------|
| No complaints received this quarter. | | | | | | | |

Table 6: Optum complaints:

| Region | Date of Complaint | Source of Complaint | Category | Complaint Summary | Status as of Sept 30 | Resolution | Timeliness to Resolution (days) |
|--------|-------------------|---------------------|-----------------|---|----------------------|-----------------|---------------------------------|
| 1 | 7/21/2023 | Verbal | Billing dispute | Billing for no-show | Closed | Substantiated | 10 |
| 4 | 7/25/2023 | Verbal | Billing dispute | Claims payment process | Closed | Substantiated | 3 |
| 3 | 7/24/2023 | Written | Clinical care | Allegation of violation of patient/therapist boundaries | Closed | Substantiated | 9 |
| 3 | 7/25/2023 | Verbal | Clinical care | Allegation of violation of patient/therapist boundaries | Closed | Unsubstantiated | 23 |
| 3 | 6/30/2023 | Verbal | Clinical care | Inadequate or inappropriate treatment intervention | Closed | Substantiated | 13 |
| 3 | 8/4/2023 | Verbal | Clinical care | Inadequate discharge plan | Closed | Substantiated | 27 |

| | | | | | | | |
|---|-----------|---------|-----------------|--|---------|---------------|----|
| 7 | 8/9/2023 | Written | Quality of care | Member felt rapport with provider was not good | Closed | Substantiated | 12 |
| 4 | 9/21/2023 | Written | Clinical care | Inadequate discharge plan | Pending | | |
| 4 | 9/28/2023 | Verbal | Clinical care | Inadequate discharge plan | Pending | | |

The last 2 complaint entries were counted for quarter 1 totals in Table 1 although they are pending resolution and not included in the average number of days to resolution in Table 2.

Table 7: Liberty Healthcare Idaho Independent Assessment Services complaints:

| Region | Date of Complaint | Source of Complaint | Category | Complaint Summary | Status as of Sept 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 Sept 30 | Resolution | Timeliness to Resolution (days) |
|--------|-------------------|---------------------|---------------------------|--|----------------------|---|---------------------------------|
| 1 | 7/18/2023 | Email | Internal-Client protocols | The member's mother contacted MTM stating disagreement with the trip denied. The member's mother stated she would prefer the member to go to this facility | Closed | Unsubstantiated-Quality Operations reviewed this complaint. MTM followed the correct protocols. | 1 |

| | | | | | | | |
|---|-----------|-------|---------------------------------|--|--------|---|----|
| | | | | and the trip was denied because there is a closer provider in the area. | | | |
| 3 | 8/17/2023 | Email | Internal-MTM processes | The client contacted MTM of 8/17/2023 stating the member contacted MTM on 8/16/23 to verify why they had not been paid for gas mileage reimbursement trip. The member was placed on long hold and the call ended-disconnected. | Closed | Substantiated-Quality operations reviewed the call. Education was provided to the appropriate department and staff, that staff must follow the hold time process/timeframe. A request was sent to the appropriate department to release meal funds for the meal requested for trip on 7/14/23. | 1 |
| 7 | 9/19/2023 | Email | Provider-member no show pick up | The member contacted MTM on 9/19/23. The member stated that the driver went to the wrong address and that was the reason for the missed trip they reported. The member stated they were not a no show. | Closed | Substantiated-Quality operations reviewed the member's file and it was found the trip was correctly entered as requested. The trip logs were also reviewed, and they have the correct address entered. Quality is unable to determine which address the driver went to too pick up the member, therefore the grievance will remain substantiated. | 13 |
| 1 | 8/25/2023 | Email | Provider-no show pick up | The member contacted MTM on 8/25/23. The member stated that the transportation company did not come get the member. The member is now stating this because they had a no show for the appointment and the member could possibly be charged \$200 for this issue. | Closed | Substantiated-Quality resolutions reviewed the trip notes, the original provider returned the trip to MTM. The trip was re-set and forwarded to MTM's escalations department to secure a provider however, no provider was secured for the trip. There is no indication the member was contacted to inform them of the issue. | 17 |

One complaint was still open at the end of the quarter and subsequently closed in October before the data for this report was pulled. This was counted in the total received during Q1 and included in the average days to resolution in table 2.

Table 9: Telligen complaints:

| Region | Date of Complaint | Source of Complaint | Category | Complaint Summary | Status as of Sept 30 | Resolution | Timeliness to Resolution (days) |
|--------|-------------------|---------------------|----------|-------------------|----------------------|------------|---------------------------------|
|--------|-------------------|---------------------|----------|-------------------|----------------------|------------|---------------------------------|

No complaints received this quarter.

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

There were 3 youth complaints and 0 family complaints received during the 4th quarter of SFY 2023.

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

| Families | | | | | | | |
|---|-------------------|---------------------|----------|-------------------|----------------------|------------|---------------------------------|
| <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 Sept 30 | Resolution | Timeliness to Resolution (days) |
| No complaints received this quarter. | | | | | | | |

Table 11: IDJC Complaint Detail, SFY 2023, Q4

| Youth | | | | | | | |
|--|-------------------|---------------------|-----------|--|----------------------|---|---------------------------------|
| <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 Sept 30 | Resolution | Timeliness to Resolution (days) |
| 1 | 8/5/2023 | Youth | | Youth complained that a peer was “playing with program”. | Closed | Program staff are aware of the dynamics between alleged peer and the group of members. Youth was advised to let staff know if comments are being made so they can ensure accountability for the correct individual. | 4 |
| 1 | 8/27/2023 | Youth | | Youth complained that a peer was disrupting religious services | Closed | The peer was moved to a different unit as a result of several co-occurring factors. | 4 |

| | | | | | | | |
|---|----------|-------|--|--|--------|--|---|
| 1 | 9/6/2023 | Youth | | Youth complained that a staff member denied them a pencil to fill out a grievance. | Closed | A pencil was provided after juvenile de-escalated, and they were able to fill out a grievance on the same shift. | 1 |
|---|----------|-------|--|--|--------|--|---|

*The complaint category column was added in Q3 2023 and IDJC does not currently specify category; therefore, this column was left blank until IDHW can 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 48 appeals were received in SFY 2024 during Q1. Appeals are formal requests for a review of decisions made about eligibility for services, denial or reduction of services or supports, and denial of payment for services or supports.

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 | - | - | 48 | - | - | - | - | 48 |
| Q2 | - | - | - | - | - | - | - | - |
| Q3 | - | - | - | - | - | - | - | - |
| Q4 | - | - | - | - | - | - | - | - |
| SFY to date | - | - | 48 | - | - | - | - | 48 |

Of the 48 received, the following breaks them out by category:

1-medical necessity criteria not met

3-lack of precertification

1-clinical coverage determination

43-claims payment

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

*There are pending appeals that are not included in the average days total or range of days to resolution.

| | <i>Average Days to Appeal Resolution</i> | | | | | <i>Range of Days to Appeal Resolution</i> | | | |
|----------|--|----|----|----|-----|---|----|----|----|
| | Q1 | Q2 | Q3 | Q4 | SFY | Q1 | Q2 | Q3 | Q4 |
| DBH | - | - | - | - | - | - | - | - | - |
| OPTUM | 22 | - | - | - | - | 1-37 | - | - | - |
| EPSDT | - | - | - | - | - | - | - | - | - |
| LIBERTY | - | - | - | - | - | - | - | - | - |
| TELLIGEN | - | - | - | - | - | - | - | - | - |

DBH: No Appeals for Q1

Table 14: No EPSDT Appeals received SFY 2024, Q1

| Member Region | Type of Appeal | Date Received | Description | Case Status | Receipt Method | Date Resolved | Decision Summary | Number of Days to Resolve |
|---------------|----------------|---------------|-------------|-------------|----------------|---------------|------------------|---------------------------|
| | | | | | | | | |

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 2024, Q1

| MEMBER APPEALS FOR MEMBERS AGES 0 TO 18 | | | | | | |
|---|-------------------------|-----------------------|-------------------------|-----------------------|-------------------------|------------------------------|
| Month | CC | | 44 | | Member Appeals Received | N/A Member Appeals Closed |
| | Member Appeals Received | Member Appeals Closed | Member Appeals Received | Member Appeals Closed | | |
| July 2023 | 0 | 0 | 0 | 1 | 0 | 0 |
| August 2023 | 0 | 0 | 0 | 0 | 0 | 0 |
| September 2023 | 0 | 0 | 1 | 0 | 0 | 0 |

Table 16: Optum Provider Disputes for Members Appeal Detail, SFY 2024, Q1

| PROVIDER DISPUTES FOR MEMBERS AGES 0 TO 18 | | | | | | |
|--|-------------------------|-----------------------|-------------------------|-----------------------|-------------------------|-----------------------|
| Month | CC | | 44 | | N/A | |
| | Member Appeals Received | Member Appeals Closed | Member Appeals Received | Member Appeals Closed | Member Appeals Received | Member Appeals Closed |
| July 2023 | 3 | 4 | 11 | 11 | 0 | 0 |
| August 2023 | 0 | 2 | 7 | 8 | 0 | 0 |
| September 2023 | 3 | 1 | 11 | 9 | 0 | 0 |

MTM: No Appeals for Q4

Liberty Healthcare Idaho Independent Assessment Services: No Appeals for Q4

Telligen: No appeals for Q4