# YES Rights and Resolutions

COMPLAINTS AND APPEALS OCTOBER 1 – DECEMBER 31, 2023 SFY 2024, Q2 QUALITY
MANAGEMENT
IMPROVEMENT AND
ACCOUNTABILITY
FEBRUARY 22, 2024

## **Table of Contents**

Overview of Report	Page2
YES Complaints	
Table 1- All YES Complaints SFY2024, Q2	Page 3
Table 2: Timeliness of Resolution for Yes Complaints Q2 Table 3: Detailed breakout	Page 3 Pages 4
Table 4:DBH	Page 5
Table 5:Medicaid	Page 5
Table 6:Optum	Page 5
Table 7:Liberty	Page 6
Table 8:MTM	Pages 6
Table 9: Telligen	Page 6
IDJC	
Table 10: Family	Page 7
Table 11: Youth	Page 7-8
YES Appeals	
Table 12: YES	Pages 8
Table 13; Timeliness	Page 9
Table 14: EPSDT	Page 9
Table 15: Optum Members	Page 10
Table 16: Optum Providers	Page 10

## **YES Rights and Resolutions**

#### OCTOBER 1, 2023 - DECEMBER 31, 2023 (SFY 2024, Q2)

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 Q2.

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	2	0	3	0	1	0	0	4	0	10
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	11	0	12	0	5	0	0	7	0	35

Table 2: Timeliness of Resolution for Yes Complaints Q2

\*\*There were 2 YES complaints received in Q2. This average response rate indicates 1 of the complaints was not resolved within the same quarter it was received. This complaint was complex and received during the last week of the reporting quarter.

Average	e Days	to Cor	nplain	Range of Days to Complaint Resolution					
	Q1	Q2	Q3	Q4	SFY	Q1	Q2	Q3	Q4
YES	29	22	-	-	-	1-112	**3-41	-	-
DBH	-	-	-	-	O	-	-	-	-
OPTUM	13	17	-	-	-	1-88	14-22	-	-
EPSDT	-	-	-	-	-	-	-	-	-
MTM	8	6	-	-	-	1-17	0-6	-	-
LIBERTY	-	-	-	-	-	-	-	-	-
TELLIGEN	-	-	-	-	-	-	-	-	-
IDJC	4	7	-	-	4	1-4	5-11	-	-

### Detailed Breakout of Complaint Reporting for Q2 (October 1, 2023 – December 31, 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 Dec 31	Resolution	Timeliness to Resolution (days)
3	10/28/23	Email	Access	Youth was approved for YES. Mother reached out to Caldwell office, but no one knew how to help with enrollment questions.	Closed	Medicaid application had been submitted although the YES condition code hadn't been keyed. Contacted SR to update eligibility.	3
4 & 5	12/27/23	Email	Clinical Care	Concerns with how the CANS tool was being used by CMH clinician and collaboration between CMH clinician and parent of youth needing to complete the CANS	Closed	CANS update issue has been addressed with regional clinicians and the CoE is planning to conduct a refresher CANS training for clinicians initially trained on the CANS back in 2018 via video. This purposed refresher CANS training will be done via WebEX and will include more interactive scenario discussion along with a parent panel for input. The Department anticipates this refresher training will be scheduled for some time in March 2024."	41

#### 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 Dec 31	Resolution	Timeliness to Resolution (days)
				No complaints received this qu	ıarter.		

#### **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 Dec 31	Resolution	Timeliness to Resolution (days)
				No complaints received this qu	ıarter.		

#### *Table 6: Optum complaints:*

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status as of Dec 31	Resolution	Timeliness to Resolution (days)
4	9/21/23	Written	Clinical Care	Inadequate discharge plan	Closed	Unsubstantiated	14
4	9/28/23	Verbal	Clinical Care	Inadequate discharge plan	Closed	Unsubstantiated	22
2	11/17/23	Verbal	Quality of Care	Clarity of Provide/Practitioner written materials	Closed	Unsubstantiated	17

The first 2 complaint entries were counted for quarter 2 totals in Table 1 although they were received at the end of Q1. Not documented or counted in Q1 totals or in average timeliness to resolution days.

Table 7: Liberty Healthcare Idaho Independent Assessment Services complaints:

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status as of Dec 31	Resolution	Timeliness to Resolution (days)
				No complaints received this qu	uarter.		

#### *Table8: Medical Transportation Management (MTM) complaints:*

Region	Date of Complaint	Source of Complai nt	Category	Complaint Summary	Status as of Dec 31	Resolution	Timeliness to Resolution (days)
4	10/5/23	Email	Internal- Client Protocols	The client contacted MYM on 10/5/23 stating the member's trip was denied and the mother was not advised of the denial. The member also stated the member's mother was transferred to Idaho instead of we care line	Closed	Quality operations reviewed the member file and pulled calls related to the complaint. It was found the member's mother was advised of the need to provide the parental consent form for the member to travel alone.  Education was provided to appropriate staff of the need to transfer members to the correct MTM department when requesting to file a complaint.	6

#### Table 9: Telligen complaints:

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status as of Dec 31	Resolution	Timeliness to Resolution (days)
				No complaints received this qu	ıarter.		

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

There were 3 youth complaints and 0 family complaints received during the 2nd quarter of SFY 2024.

Table 10: IDJC Family Complaint Detail, SFY 2024, Q2

		Fami	ly members o	<b>Families</b> If YES class members whose complaint/cond	eern was direct	ed to the Superintendent	
Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status as of Dec 31	Resolution	Timeliness to Resolution (days)
				No complaints received this q	uarter.		

Youth

Table 11: IDJC Complaint Detail, SFY 2024, Q2

Region	Date of Complaint	Source of Complaint	Category	s members whose complaint/concern was fo Complaint Summary	Status as of Dec 31	Resolution	Timeliness to Resolution (days)
2	12/29/23	Verbal		Youth stated he felt mentally unstable and does not know how to improve his mental health in his current position.	Closed	Clinical supervisor reported the youth will meet with his primary clinician and discuss coping skills. Primary clinician also sent a referral to nursing to add the youth to the next visit from the contracted psychiatrist.	5
2	12/29/23	Verbal		Youth stated he feels like he does not receive equal opportunity during school teaching methods because of his mental health diagnosis.	Closed	The Education program manager reported the youth struggled staying on task in the pod and with the expectation that he needed to stay seated and on task while on pod restrict. If the group goes on pod restrict again, we will discuss options.	4
2	12/29/23	Verbal		Youth stated he did not feel like he could be successful in the current program and would like to move to another program.	Closed	The Unit manager explained the length of stay and review process to the youth, and the	11

				interventions that must be exhausted before considering a move to another program.
3 12/1/23	Verbal	Youth stated the psychiatrist treated him disrespectfully and called him a drug addict.	Pending	The youth did not feel it was resolved with the Nurse manager. The superintendent explained the doctor's process to the youth, and why he arrived at the conclusion that he did.

<sup>\*</sup>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. The complaint from region 3 indicates 7 days lapsed as far as timeliness, but noted as pending closure, as the youth does not feel the complaint resolution is satisfactory.

# **YES Appeals**

A total of 48 appeals were received in SFY 2024 during Q2. 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	-	-	43	-	-	-	-	43
Q3	-	-	-	-	-	-	-	-
Q4	-	-	-	-	-	-	-	-
SFY to date	-	-	91	-	-	-	-	91

Of the 43 Optum appeals received for Q2, the following breaks them out by category:

1-lack of precertification

2-clinical coverage determination

40-claims payment

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

Avei	age Da	ys to A	ppeal	Rai		ays to Ap olution	peal		
	Q1	Q2	Q3	Q4	SFY	Q1	Q2	Q3	Q4
DBH	0	0	0	0	0	0	0	0	0
OPTUM	33	0	0	0	33	0-37	0	0	0
EPSDT	0	0	0	0	0	0-29	0	0	0
LIBERTY	0	0	0	0	0	0	0	0	0
TELLIGEN	0	0	0	0	0	0	0	0	0

**DBH:** No Appeals for Q2

Table 14: No EPSDT Appeals received SFY 2024, Q2

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, Q2

MEMBER APPEALS FOR MEMBERS AGES 0 TO 18									
	CC		4	4		N/A			
Month	Member Appeals Received	Member Appeals Closed	Member Appeals Received	Appeals Appeals		Member Appeals Closed			
October 2023	0	0	2	2	0	2			
November 2023	0	0	0	0	0	0			
December 2023	0	0	0	0	0	О			

Table 16: Optum Provider Disputes for Members Appeal Detail, SFY 2024, Q2

<sup>\*6</sup> of 8 appeals are still pending for Q2

PROVIDER DISPUTES FOR MEMBERS AGES 0 TO 18										
	CC		4	4		N/A				
Month	Member Appeals Received	Member Appeals Closed	Member Appeals Received	Member Appeals Closed	Member Appeals Received	Member Appeals Closed				
October 2023	0	0	20	20	0	20				
November 2023	0	0	14	8	0	8				
December 2023	0	0	9	9	0	9				

MTM: No Appeals for Q2

Liberty Healthcare Idaho Independent Assessment Services: No Appeals for Q2

Telligen: No appeals for Q2