Exhibit F

“Director’s Response to IWG Statement of Determination”

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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Dear IWG Members:

Pursuant to and in compliance with Implementation Assurance Plan (IAP), Objective B, paragraph 3.e.iii., the following is the Director's Report submitted in response to the Statement of Determination (SOD) received on October 2, 2024. At issue is the status and sufficiency of the YES authoritative documents (defined as the YES Services and Supports Crosswalk (the Crosswalk), and the YES Access Model and Pathways Maps (the Pathways Maps). The IAP's Objective B, paragraph 3.e.iii states that "in the event the IWG determines at a quarterly meeting, that timelines for the YES authoritative documents will not, or have not, been substantially met, the Director of IDHW [the Idaho Department of Health and Welfare] will be directed to draft a report within thirty (30) days detailing the reasons for delay and the corrective steps needed to resolve the delay."

The SOD asserts that "[t]he Director's Report that is the subject of this Statement is required because the Department has not timely completed the Services and Supports Crosswalk and the Access Pathways Map." However, the SOD also asserts that "[t]he Department claims it has provided the IWG with sufficient final drafts of the Services and Supports Crosswalk and Access Pathways Map. The IWG has notified the Department that neither document meets the content requirements set forth in IAP."

It is therefore incorrect to state that the Department has "not timely completed" either the Crosswalk or the Pathways Maps. Rather, the Crosswalk and Pathways Maps have been completed, but there is disagreement about whether they fully contain all the information the IAP requires that they contain.

This Report responds to each of the contentions raised in the SOD regarding the adequacy of the Crosswalk and Pathways Map and identifies where improvements can be made. However, after reviewing the SOD and the Crosswalk, I do not share your conclusion that "this latest version of the Crosswalk render(s) it largely inoperable." I likewise disagree with your assertion that the Pathways Maps "fail(s) to pass muster." In those rare instances where the Crosswalk and/or Pathways Maps reflect something different than what the IAP demands, the Department has provided an explanation for why this is so and anticipates that future changes to these documents may become necessary or appropriate as circumstances change.

Also, in addition to the narrative responses below, this report includes a copy of the Crosswalk Authorization Analysis attached to the SOD as Appendix A with a column added for the Department's responses to the several items listed in the Crosswalk Analysis.

A. Services and Supports Crosswalk

Section C of the SOD contains a description of what IAP Objective A requires the Crosswalk to include, and an explanation of how the Crosswalk most recently submitted to IWG (allegedly) fails to satisfy those requirements.

Subparagraph C.1 of the SOD states:

1. "Authorization Requirements" are much too narrowly construed and often fail completely to provide basic program eligibility or clinical guidance about the listed services and supports. We examined the text in the Crosswalk along with related information from Magellan's Provider Manual. See the attached spreadsheet. Even with Magellan's additional information (that was not incorporated in the Department's Crosswalk), twenty (of 38) services do not provide sufficient information to determine who is eligible or appropriate for the listed service. Ten descriptions are marginal and need to be improved. Eight services have adequate eligibility descriptions, although the information that is provided may be unduly restrictive or otherwise at odds with providing the service consistent with the Jeff D. Principles and Practice Model.

Department Response

Attached as Appendix A to this report is the Crosswalk Authorization Analysis that accompanied the LOC, to which a new column has been added that contains the Department's responses to each of the points raised therein. I have reviewed these responses, and my assessment is that while some of the feedback provided by IWG in this table could be incorporated to improve clarity within the crosswalk, the service descriptions do satisfy the IAP-imposed obligation to outline the purpose, activities, and requirements of the different services as well as who would benefit from said services (all of which outline who would be "eligible" or appropriate). Although the information in the Crosswalk may be presented in a different style or using different language than what IWG anticipated, the required information is nonetheless there. For instance, "authorization" describes whether the provider must get approval prior to the provision of services and if so, when. It may also encompass specific records that must be submitted, if applicable. "Authorization" is not solely who a service would be appropriate for – that is within the service descriptions. It is no violation of the Crosswalk requirements for the Department to maintain that distinction.

That said, most services included in this service array do not require prior authorization or continued stay authorizations, and claims can simply be submitted – the Crosswalk calls out those services that require authorization before the service can be provided and at what point it would be required.

The Department's assessment of your April 12, version of the Crosswalk is that it did not incorporate the Magellan Idaho authorization information, rather it references Magellan's information from other states. The authorization column (column E) in the current Crosswalk incorporates everything from Magellan's handbook (except coding, which is not relevant to the

Crosswalk). The Department will update this document should authorization requirements change.

Subparagraph C.2 of the SOD states:

2. There is very limited information regarding discrete populations of Class Members as required. Two categories are missing altogether: Class Members with more intensive needs, and dual diagnosis youth with mental health and Substance Use Disorder (SUD). See IAP Obj. A, ¶6. The information that is included in the column labeled 'Additional Information for Discrete Populations' falls well short of sufficient.

For example, Child-welfare-involved youth has boiler plate language asserting that: "A Child Welfare case manager needs to be involved in the coordination of services" and "Child Welfare case management is not considered a duplication of YES Case Management, TCC or ICC." Guidance for residential care is more extensive, providing that "provisions of IDAPA 16.06.01 related to alternate care plans and Title IV-E Eligibility must be addressed, including requirements for a Qualified Residential Treatment Facility, and necessary judicial determinations under the Child Protective Act (Idaho Code sections 16- 1622, 16-1619A). A permanency hearing may be held for youth in ACP no later than 12 months after the date of placement and every 12 months thereafter, while the youth is in RTC." TFC provides additional information on clinical eligibility, although it does so by reserving entirely to DHW discretion who is eligible "based on their significant emotional and/or behavioral needs." That's the sum total of guidance for the hundreds of youths in need of YES services and supports who are involved with the child welfare system or needing out-of-home placement.

The information provided for juvenile justice-involved, special education, and dual diagnosis (mental health & Developmental Disability (DD)) youths, are equally or less informative. The information for youth in families over 300% FPG is one sentence: For Non-Emergency Medical Transportation (NEMT), "DBH may also support transportation needs with flexible funds via the IBHP.

Department Response

The Divisions of Medicaid and Behavioral Health (DBH) teams worked with other divisions and agencies internal and external to Idaho Department of Health and Welfare (IDHW), such as the Idaho Department of Juvenile Corrections (IDJC), Idaho Department of Education (IDE), Medicaid School-Based Services, Child Welfare, and Children's Developmental Disabilities to develop the information pertaining to the delivery of services to their respective populations. For most services, the elements required in the Crosswalk that are outlined in IAP Objective A.2 do not change based on discreet populations as these are covered by the Idaho Department of Health & Welfare through the Department's contract with Magellan. In other words, service definitions and their associated requirements are, generally, consistent for all populations. Where the delivery of Settlement Agreement services for discreet populations is called out in the IAP requires additional or unique information, the Crosswalk contains all the information pertaining to the delivery of those services to those populations in column H. For example, for youth receiving special education through the Idaho Department of Education, cell H7 describes that they could receive this service in their school through Medicaid school-based services, which is not possible for other populations. An additional example of information for a discreet population, in this case dually diagnosed youth (mental health and developmental disabilities) may be required to work with a developmental disabilities case

manager. The cell includes information on how a coordinated care plan between a dd case manager and an additional care coordinator could work. In another case (H69, Crisis Response), they are no requirements, etc. that change per discreet population for this service and thus the cell states "None".

SOD Paragraph C.2 Cont'd: The information that should be presented in the Crosswalk for discrete populations includes:

a. Services and supports that are required or voluntarily provided to youth and families to identify, screen, assess and link Class Members to YES services and supports.

b. YES and/or behavioral health services that are mandated or offered by the agency that bears program responsibility for the discrete population. These services and supports should be listed in the Column labeled "Service Descriptions" with all of the relevant information detailed across the rest of the Crosswalk columns. The information must include a full description of the clinical eligibility or appropriateness for each service.

c. The provider, clinician, agency representative, or beneficiary who has responsibility for decision-making when jurisdictions and/or programs overlap must be detailed, along with the basis on which responsibility is determined, and decisions are made.

d. Describe how YES services and supports vary (may be expanded or restricted) for specific discreet populations.

e. Detail how complaints and appeals procedures vary depending on the discrete population or the responsible agency. In addition, the Department needs to define which children are included in each of these different groups. For instance, the Crosswalk should provide clarity on who is included in the juvenile justice-involved and the child-welfare-involved populations. Similar guidance would be appropriate for special education and SUD populations. For instance, as presented, it appears that only youth already receiving special education services are included in the special education population category. It should include all Class Members who may benefit from education-related services.

<u>Department's Response</u>

Item d on the list above appears to be the only item required by the IAP and the response in the previous section speaks to this. Items a, b, c, and e, do not appear in the IAP. Although this information will certainly be helpful in a wide range of circumstances, the Crosswalk is not and never has been intended to be the repository of every piece of information that might be germane to every circumstance. Nevertheless, as to items a and b, above, YES services are not mandated in Idaho, with the exception of a CANS assessment (see cell F5) and any services that might be ordered by a Court. Of course, court ordered services will be case-specific, making it impossible to provide the type of universal guidance and descriptions contemplated by the Crosswalk. The services and supports available to YES class members is contained within the Crosswalk, including a description of clinical eligibility or appropriateness for each service.

As to item c (which does not appear to be mandated by the IAP), decisions for reimbursement are made by the paying agency – generally, Magellan. Also, providers make their own decisions on whether to accept and treat a client. IDHW cannot mandate that a provider treat someone. As to the respective roles of agencies with overlapping decision-making responsibilities, the Department can provide more information on how the basis for jurisdiction is to be determined, should that be helpful to clarify.

As to item e, information on complaints and appeals procedures, with variations based on the needs of a discreet population identified, can be found in any number of sources, such as the YES website, Magellan's website, IDHW website, IDJC website, and the IDE website.

Subparagraph C.3 of the SOD states:

3. Another critical weakness in the Crosswalk is the lack of clarity on services involving treatment planning and case management/care coordination. These are fundamental building blocks for the System of Care and the lack of clarity and guidance on these services undermines the entire service delivery system. Instead of providing a description of treatment planning, the Crosswalk describes one planning process—Child and Family Teams (CFT). While that is necessary, it does not provide guidance for the thousands of youths who do not have either a formal or informal CFT. Other treatment planning guidance is hinted at elsewhere but taken together the materials fall well short of a description of treatment planning, which is a required precursor to most treatment services.

Case management and care coordination are essential services for SED youths who have complex needs and are multi-system involved. The Crosswalk has many paragraphs of descriptive text relating to case management and care coordination, but it is often duplicative, overlapping, and confusing. Distinctions among Case Management, Targeted Care Coordination (TCC), Intensive Care Coordination, and Wraparound are unclear. Which Class Members are eligible for each, and why, is a mystery. Moreover, TCC is being phased out this year and it's unclear from the Crosswalk what service(s)—if any—will replace it. In addition, there are references in the Crosswalk to Level of Care (LOC) criteria that affects which services are available to Class Members. As such, information describing how the LOC assignment process works should be included in the Crosswalk Service Descriptions or Authorization Requirements.

Department Response

The TCC service will be removed from the Crosswalk after December 2024 (see note in cell A15), when the service ends. It is being replaced by Intensive Care Coordination (ICC) within the system, and the Crosswalk accurately describes what are negligible differences between these two services. Information about this service change has been circulated by Magellan through e-blasts, the provider handbook, and a frequently asked questions list. Both the provider handbook and FAQ can be found on the Magellan website. In addition, this information is also posted on the Health and Welfare "New IBHP" webpages. Once this service ends and is removed from the Crosswalk, confusion about the distinctions between ICC and TCC should be resolved.

As to CM, ICC, and Wraparound, there is certainly some overlap in definitions because they are all, at their core, care coordination services. However, the sections for ICC and Wraparound explain that they are services for individuals with higher levels of need (cells D17 and D19), outline what the criteria to qualify for these would be (cells E17 and E19), and describe the activities involved (cells D17 and D19), including the phase approach (cell D19) for Wraparound. The Department will continue to work with Magellan on publishing updates to their materials to make this even more clear in public documents.

Regarding the description of treatment planning: Appendix C: Services & Supports, A.3. outlines the CFT as the treatment planning approach for YES and includes what types of

activities would occur (as do other appendices of the SA, for example Appendix A section D states "Care planning for all Class Members will occur through a CFT"). The requirement in the IAP for the Crosswalk is to describe the services in Appendix C. To the IWG's point, youth may or may not have a formal CFT, but throughout treatment with their provider and their family, treatment planning takes place. This is an informal CFT. With this understanding, it is my assessment that the Crosswalk appropriately defines the treatment planning service. Should further clarification be needed to better define formal vs. informal CFT, the Department will certainly take this as an action item.

As to describing how the LOC assignment process works, the IAP does not require the Crosswalk to contain such a description, and therefore, it does not. In working with Magellan, the Department has included the full-service descriptions and requirements, and has outlined the criteria that would be looked at as much as possible, without violating the rules around proprietary criteria that cannot be copy and pasted (ASAM, MCG, etc.). Examples of this include cells E47 and E49 which includes what type of information should be submitted for residential treatment requests and a statement that initial and continued stay reviews are required to receive this service. Alternatively, services such as crisis services do not require any authorization or prior assessments to receive them – as such, cells like E67, E69, and E71 reflect this. Related to this, cell E73 explains how to get mobile response dispatched, although there is no authorization requirement.

Nevertheless, the Department is willing to discuss specific descriptions of service criteria that might benefit from further development to provide clarity.

Subparagraph C.4 of the SOD states:

4. Also missing altogether from the Crosswalk are the front-end services of identification, screening, referral, assessment (save for Comprehensive Diagnostic Assessments (CDA)), and service linking. Class Counsel has repeatedly reminded Defendants that these are required services under the Settlement Agreement and must be included in the Crosswalk. Failing to describe the frontend of the System of Care likely indicates a fundamental misunderstanding of its importance, or an avoidance of Defendants' responsibility to ensure that all youths in Idaho are aware of YES, are screened for strengths and needs, and are linked to appropriate assessments and/or services as needed.

Department Response

IAP Objective A.1 indicates the crosswalk would describe Appendix C. Descriptions of identification, screening, referral, and assessment are in Appendix A. Thus, they are outlined in the Access Pathways Maps. However, it's important to note that in addition to the CDA, the CANS, which is the primary assessment tool for children per the Settlement Agreement, is also in the Crosswalk.

Subparagraph C.5 of the SOD states:

5. The Crosswalk feature that compares what is required under the Settlement Agreement against what is actually provided, and the programmatic steps in between, has been removed. We have previously reminded the Department about the purpose of the Crosswalk:

"...[T]he Crosswalk is intended to take the language from the Settlement Agreement's Appendix C and translate it through intermediary management organizations or systems (e.g., Medicaid, FACS, DD, MCO, Provider) into practice instructions for clinicians delivering care so as to ensure that each class member gets all of the medically necessary services and supports included in the YES SOC as promised in the SA, and Appendix C. To do that, there needs to be appropriate guidance for each level of the system that positively contributes to delivering the promised services and supports." P. Gardner email to IWG, January 9, 2023.

As presented, the Crosswalk fails to do this, including failing to describe what services are actually provided to Class Members at the clinical level. Done properly, the Crosswalk would list service descriptions or authorization requirements for each level of the system as we demonstrated in our template provided to the Department and the IWG on April 12, 2024. This input was requested by the Department and, apparently, ignored.

Department Response

As presented, the Crosswalk lists service descriptions and authorization requirements (when applicable, as not all services have them), as well as the other requirements such as constraints, timelines, delivery methods, provider qualifications, service locations, eligibility, etc. for all services – although not in the same format as what was provided in class counsel's April 12, template.

As to the comparison to 'what is actually provided', the IAP indicates for each region, the Crosswalk should include "any differences between urban and rural areas, documenting discrepancies in each of the following: clinical details; medical necessity; pre-approval requirements; scope, intensity and duration minimums or limits; financial and categorical eligibility; eligible service location and service hours; provider qualifications (licensing, certification, supervision, training, etc.); and other policies or rules that impact access to care." Presently, the requirements and descriptions of services do not vary per region, therefore, there is no reason to provide region-specific requirements and descriptions of services. Respectfully, the Department defers to the agreed to IAP regarding the required contents of the Crosswalk, not from emails you have sent to the Department and/or to the IWG. The Department maintains the Crosswalk does contain "guidance for each level of the system that positively contributes to delivering the promised services and supports" as you state that it must [column A being the settlement agreement service requirements, column B naming the services, column C outlining whether a service integrates MH and SUD, column D describing services, E describing any authorization requirements, F relevant timelines for services, G service locations (to include telehealth allowances) and provider types, H information about discreet populations, and I information about funding sources] – though it is laid out somewhat differently than what you have provided in your template of April 12, 2024.

SOD Paragraph C.5 Cont'd: Although not explicitly required to be included in the Crosswalk, "[p]rior to completing the final draft of the Services and Supports Crosswalk, IDHW will consult with the IWG when determining the core services requiring minimum standards under this paragraph." See IAP Objective A, 2c. The consultation is intended to assist the YES Defendant Agencies to "establish and maintain intensity and duration standards based on national standards of care for core YES Services, with statewide and regional average minimums for hours per month and months per client by the Service Start Date [July 1, 2024] of the new IBHP contract." Id. The timing in the IAP text suggests that these standards would properly be

included in the Crosswalk as elements of what Class Members are eligible to receive. Defendants have not determined the standards as required.

Department Response

The Department has consulted with IWG on the Crosswalk on innumerable occasions since the original Crosswalk version shared in 2017; all such occasions are well documented in IWG meeting agendas and minutes. The Department has accepted and incorporated much of the IWG's feedback – but not all. Although the Department anticipates that IWG will appropriately propose improvements to the Crosswalk in the future, the IAP does not require the Department to adopt all (or any) of IWG's proposals, nor does the IAP require that IWG give its approval of the Crosswalk before the Department uses it to negotiate with the IBHP Contractor (Magellan), for the delivery of YES System of Care services.

The Department acknowledges that the IAP requires us to develop "duration standards based on national standards of care" for YES services. However, during the course of developing the standards by which the Department's compliance with the Settlement Agreement requirements will be measured, it has become clear that there are no "national standards" for intensity and duration of YES services. The Department notes the lack of the required "national standards" for intensity and duration of services in your version of the Crosswalk shared earlier this year. Further, you may be aware that federal Medicaid law clearly outlines amount, duration, and scope requirements at 42 CFR 440.230 which is applicable more broadly to the Medicaid benefit and takes case specific information into consideration in actual application. Misunderstanding of available national standards and application of federal Medicaid law has contributed directly to the current impasse regarding establishment of compliance measures. The Department has repeatedly sought to invoke the Settlement Agreement's mediation provisions in order to resolve this impasse, but class counsel has refused. Nevertheless, the Department is committed to seeking an Order from the Court to enforce the provisions of the settlement agreement that allow for the mediation of unresolved conflicts.

B. Access Pathways Maps

Objective C of the IAP addresses the substance of the Pathways Maps, and the timelines for completing them. The Department acknowledges that the December 31, 2022, deadline for completing the final draft of the Pathways Map was not met. The Department did not meet this deadline due to continued work to address and incorporate feedback which was fully communicated and accepted by IWG with the goal of an agreed upon final product. This has been discussed at length in multiple IWG meetings and will not be revisited here. The Department similarly acknowledges that the purposes and content of the Pathways Maps are set forth in subsection D of the LOC. As with the Crosswalk, the only disagreement appears to be whether the Pathways Maps submitted by the Department contain the information as required by Objective C of the IAP. Specifically, paragraph 2 of Objective C of the IAP (quoted in its entirety in subsection D of the LOC), contains the descriptions that should be in the Pathways Map as follows:

The Access Pathways Map pathway descriptions shall set forth every limitation, opportunity, condition, requirement, and decision that may influence or determine access to care relating to: identification; informing; engagement; screening; assessment; diagnosis or functional impairment; risk factors; referral; teaming; treatment, case or care planning or management;

care coordination; service authorization; service delivery; level of care; service scope, intensity, and duration; services or treatment plan modification; choice of provider; funding source; timing or timeliness; and transition. The authoritative Access Pathways Map will include each discrete YES service provider pathway for every YES service and support included in the Services and Supports Crosswalk.

In response to the general assertion that the Department's Pathways Map does not contain the information required by the IAP, the Department responds by pointing out that at present the Pathways Maps are in substantial compliance with the IAP requirements, and it is not practicable, or even possible, to set forth in the Pathways Map every potential limitation, opportunity, condition, and requirement that may limit or determine access to YES services. This would require endless and nearly impossible work to attempt to capture every potential limitation and condition in the map in such great detail. For instance, an individual may receive psychotherapy for Serious Emotional Disturbance (SED), but psychotherapy may not be the best choice for treatment if the person is youth has a co-occurring substance use challenge, or the person has a cognitive disorder that limits the benefit of psychotherapy. It is impossible to chart every permutation of each available service. That is not to say that the Pathways Map developed by the Department is deficient. Indeed, the Pathways Map developed by the Department does address all essential components related to the delivery of YES services:

- Identification
- Engagement
- Screening
- Assessment
- Diagnosis or functional impairment
- Risk factors
- Referral
- Teaming
- Treatment
- Case or care planning
- Care Coordination
- Service authorization
- Service delivery
- Level of care
- Scope, intensity, and duration when these are specific
- Services or treatment plan modification
- Funding sources
- Timing or timeliness
- Transition

Limitations are noted when there are specified limitations – but clinical decision-making is still the foundation of an effective mental health system. It is expected and required of all providers to work with children, youth, and their families to identify the best option for their treatment, to be family centered, strength based and recovery oriented. Thus, it is my assessment that the Maps do include pathways for every YES service and support included in the Crosswalk, to the greatest extent possible and are reflective of the current system of care.

In addition to this general assertion regarding the adequacy of the APM, the IWG has raised the following specific concerns:

Subparagraph D.1 of the SOD states:

1. The detail presented by the Map is insufficient to describe how youths and their families are identified and move through the System of Care as required. The entire schematic representation for service delivery that encompasses more than 40 services and supports for 20,000 or more Class Members is rendered in just two pages (pps. 4 & 5). Inexplicably, the Department has produced hundreds of pages of information in the past that could have been used to fill out necessary details, but are absent in this version.

Department Response

Initially, the Department notes that although the Department's Pathways Map takes only 7 pages in .pdf format, the actual size of the pages used for the maps is substantially larger than typical paper sizes and if printed on standard-sized paper would take considerably more pages than class counsel's count. Also, although the set of maps that were delivered initially did detail the rules and contract requirements (and noted gaps in such), the set of Pathways Maps most recently delivered did not include this level of detail as those details are in the YES Crosswalk. For each individual service that is required to be included in the Crosswalk, all related rules were listed. It should also be noted that the original Pathways Maps that the SOD references were found by the IWG to be unacceptable due to how difficult they were to read and understand. The Pathways Maps that were delivered in May, 2024, are a revised version of those original Maps and do contain a description of how children, youth and families are identified and move through the YES system of care, and includes all of the services and supports required in the SA. However, in order to simplify the maps, each service is not listed separately but are grouped by level of care. For example the map regarding Outpatient includes: Psychotherapy, Medication Management, Family psychoeducation, Crisis services, Case management, Skills building/CBRS, STAD, Family/Youth support, Behavioral/ Therapeutic Aid Services, Intensive Outpatient, ICC, Partial Hospitalization, Therapeutic After School & Summer Program, Wraparound, and Intensive Home and Community Based Services.

Subparagraph D.2 of the SOD states:

2. Many gaps occur in the flow charts. There is no information provided relating to identification, outreach, and how the Department will ensure that at-risk youth will be screened for need and Class eligibility. Many of the details are simply assertions that things will get done, or high-level generalizations, without detailing the procedures that describe how services are accessed, as required. Virtually no "rules or policies" are included as is also required. (There is a long list of References that are not linked to any of the material in the Maps and is thereby rendered virtually useless for the purposes of understanding system performance.)

Department Response

The State's Pathways Maps included specific information about how youth needing YES services will be identified, screened and/or assessed. (See, Page 4.) Likewise, outreach from Magellan is noted in the Maps when a child or youth is identified as having high needs.

As to the assertion that "no rules or policies" are included, it is the Department's understanding that the Maps and the Crosswalks are meant to be complimentary to the

Crosswalk which outlines applicable policies. Reiterating that information in the Maps would be duplicative. Additionally, if the Maps are to be easily read and understood by families trying to access care the addition of all the rules and regulations would likely make the maps extremely difficult to comprehend.

Subparagraph D.3 of the SOD states:

3. Information is, at times, in conflict with the Settlement Agreement requirements. Also, requirements stated in the Settlement Agreement are often missing. Some required Settlement Agreement provisions are noted as a "required element to be developed."

Department Response

The Department acknowledges that one of the requirements of the Settlement Agreement that has not been represented in the maps exactly the way that it is stated in the Settlement Agreement, is the requirement for a screening to be done for all Class Members. Instead of a screening, the Department utilizes a full assessment which the Department believes is more clinically appropriate and allows a family to begin receiving services immediately. It also allows for a treatment plan that is based on the assessment. Nevertheless, participants are offered the opportunity for voluntary screening, which can be completed by the mental health system but is also available to primary care providers, probation officers, child welfare workers or anyone who would like to complete a screening. This system design has been well known since the Settlement Agreement, and original Implementation Plan were executed. Numerous discussions regarding the Child and Adolescent Needs and Strengths (CANS) Decision Support tool have occurred with IWG with full understanding of its purpose in the system design. These are well documented in meeting agendas and minutes.

Subparagraph D.4 of the SOD states:

4. Critical aspects of the system are either confused or absent. For example, making connections for youths who are screened positive for mental health needs are left to the youths or their families to find an assessment or treatment, notwithstanding that the Settlement Agreement places the responsibility for linking youth and their families to services on the Department. Treatment planning is confused about when it happens and who performs the service.

Department's Response

As noted in the Maps, if a person decides to complete a screening voluntarily and they screen positive, they are given information to contact Magellan. Magellan will share with them several options for providers from which to choose. This approach was deemed superior to the Department unilaterally "linking" a provider with a participant in that it gives families the opportunity to contact the provider themselves and make choices about the provider that is the best fit for them, including provider specialties, appointment times, etc. Families may also, and typically do, choose to go directly to any provider they chose who accepts Medicaid and is not required to contact Magellan or get a specific referral. This method is believed to be more effective as it gives families choice and allows them to immediately begin receiving services based on an assessment. Also, treatment planning is noted clearly in the Access Maps and is conducted by the provider who completes the assessment.

Subparagraph D.5 of the SOD states:

5. The Map section depicting the fundamental services for high-needs children of intensive care coordination (ICC) and Wraparound, and their correlated service of Child and Family Teams (CFT), conveys almost no information about how these scarce resources will be deployed, why a youth in the same Level of Care would be approved for one or the other, or how a CFT is actually arranged or developed.

Department Response

The Pathways Maps note that a family may request ICC or Wraparound if they feel their child/youth would benefit or if the Child and Adolescent Needs and Strengths (CANS) Decision Support tool indicates the need ICC or Wraparound (shown on the Maps as typically a CANS of "3" on page 4). The CANS Decision Support Tool is not cut and dry regarding eligibility. Exceptions to what is indicated on the tool can and are made. Resources for both Wraparound and ICC have been historically limited but are now clearly stated as requirements under the Magellan contract and are being implemented and enhanced across the state. The APMs do specifically indicate why either ICC or Wraparound would be recommended, including family choice, or in the case of Wraparound the absence of someone to represent "family" per se. This is shown currently on page 5 of the Pathways Map under the ICC/Wraparound section.

Subparagraph D.6 of the SOD states:

6. The one page of flow charts detailing 'other agencies' (p. 7) do not identify adequately who is included in these populations. They also fail to adequately identify services and supports offered by other agencies that meet Jeff D. requirements, and how youths and their families may access those services. The term "refer" is used repeatedly as a placeholder instead of describing rules and procedures on how to move to the next step in the System of Care, as is required. Although as many as 5,000 youth are involved with the county and State probation and detention systems, and prevalence data indicate that 50-70% of these children may be eligible Class Members, the map sections presented by the Department convey virtually none of the information that is required under IAP Objective C.

Department Response

The other agencies involved in YES are the Child, Youth and Family Services (CYFS previously FACS), the Idaho Department of Juvenile Corrections (IDJC), and the Idaho Department of Education (IDE). The Maps include descriptions of the access to YES services for those populations.

CYFS is not a provider of mental health services, however the Pathways Map describes how children, youth, and families in the Child Welfare system are able to access YES mental health services through Medicaid and are able to receive any of the YES services.

IDJC does provide mental health services within the Juvenile Justice system, but it should be noted that the Settlement Agreement does not apply to services provided to Class Members on an involuntary basis, such as those services provided to Class members in the custody of the state or those services required by court order, which would likewise include youth who are on probation as well as in detention. However, the Department acknowledges that Idaho's system of children's mental health services is expected to follow the YES Principles of Care

and Practice Model. Thus, while youth who are expressly excluded from the terms of the Settlement Agreement do not have their access to YES services mapped out in the Pathways Map, youth who are on probation and even those in detention centers can access and do receive mental health services.

Subparagraph D.7 of the SOD states:

7. The Maps ostensibly identify decisions that are appealable (set off in red outlines). Although most of the boxes that are indicated as appealable seem to be correctly identified, many more decisions that are also appealable are not identified as such. By implication, parents and youths may be denied their right to challenge these decisions if they use this Map as guidance that does not accurately indicate when a decision may be appealed.

Department Response

Please provide specific examples of appealable decisions that are not included in the APM. Absent clear examples, the Department is not aware of any that were inadvertently missed. The Department will gladly review and revise the maps to add such information about appealable decisions as appropriate.

Conclusion

My assessment of the Department's Crosswalk and Access Pathways Map is that they fulfill the requirements of the IAP. The Department has spent years and countless hours working on these deliverables and seeking the feedback of IWG to reach an agreed upon final product. I have directed Department staff to focus on the tasks ahead, including strong oversight of the IBHP contract and further building out the state's behavioral health workforce, instead of wasting limited state staff time and resources to rehash disagreements that have spanned years. Every hour of state staff time spent in meetings revisiting these areas of disagreement is another hour they are not able to do the mission critical work to improve and expand behavioral health services for Idaho's youth. It remains the Department's objective to do all possible to comply with its Settlement Agreement obligations and bring this litigation to an end with all possible haste. However, we may now be at an impasse that requires the Court's involvement. In the event Jeff D. class counsel or the IWG disagrees with my assessment of the Crosswalk and/or Pathways Map, the Department stands ready to ask the Court to invoke those provisions of the Settlement Agreement that allow the parties to seek the mediation of unresolved conflicts, and/or seek any other form of judicial relief that the Department deems appropriate.

Sincerely,

ALEX J. ADAMS
Director