

# YES Rights and Resolutions

COMPLAINTS AND APPEALS  
JANUARY 1 – MARCH 31, 2026  
SFY 2026 Q3

QUALITY MANAGEMENT  
IMPROVEMENT AND  
ACCOUNTABILITY  
JUNE 23, 2026

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# YES Rights and Resolutions Report Introduction

January 1, 2026 – March 31, 2026 (SFY 2026 Q3)

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 Children, Youth, and Family Services (CYFS), the Idaho Department of Education (IDE), 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 Child & Adolescent Needs and Strengths (CANS) assessment or YES services or supports a youth is entitled to.

## YES COMPLAINTS

A total of **49** complaints were received during Q3 of SFY 2026. The following tables reflect the number of complaints received directly by each team.

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

	YES CCT	DBH	Magellan	MTM	Liberty	IDJC	CYFS	Telligen	Total
<b>Q1</b>	5*	1*	2	37	0	1	0	N/A	46
<b>Q2</b>	2**	1	8**	14	0	6	0	0	31
<b>Q3</b>	8**	1	10**	22	0	8	0	0	49
<b>Q4</b>	0	0	0	0	0	0	0	0	0
<b>SFY to date</b>	15	3	20	73	0	15	0	0	126

Note: YES CCT is the YES Centralized Complaints Team. Previously reported Medicaid EPSDT and Telligen complaint categories were removed after SFY25 Q1 as the behavioral health services previously managed by these contractors are now managed by Magellan, and therefore any complaints are now being reported to Magellan. The Telligen category was added back SFY26 Q2 to account for any complaints related to Behavioral Intervention services.

\*One complaint was reported to both the YES CCT and DBH. It is counted in both team's totals and in the overall total.

\*\*Two complaints were reported to both the YES CCT and Magellan. They are counted in both teams' totals and in the overall total.

Table 2: Timeliness of Resolution for YES Complaints

	Average Calendar Days to Complaint Closure					Range of Calendar Days to Complaint Closure			
	Q1	Q2	Q3	Q4	SFY	Q1	Q2	Q3	Q4
<b>YES CCT</b>	26	42	46	-	38	10-45	33-49	18-89	-
<b>DBH</b>	28	34	37	-	33	28	34	37	-
<b>Magellan</b>	11	11	15	-	13	7-14	6-29	8-19	-
<b>MTM</b>	14	12	14	-	13	5-17	1-18	3 - 18	-
<b>Liberty</b>	-	-	-	-	-	-	-	-	-
<b>IDJC</b>	7	6	3	-	6	7	0-16	1-8	-
<b>Telligen</b>	N/A	-	-	-	-	N/A	-	-	-
<b>CYFS</b>	-	-	-	-	-	-	-	-	-

## DETAILED BREAKOUT OF COMPLAINT REPORTING FOR QUARTER 3 (January 1, 2026 – March 31, 2026)

**YES Centralized Complaints Team (YES CCT):** The category includes all complaints filed via the YES Website, YES voicemail at 208-364-1910, and the [YES@dhw.idaho.gov](mailto:YES@dhw.idaho.gov) 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 YES partner in their own report section.

**Definition of Complex:** A complex complaint is one that involves coordination between multiple YES system of care teams to resolve and typically falls into multiple complaint categories, such as quality of care, clinical care, access, rights, etc.

Table 3: YES Centralized Complaints Team

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status at End of Quarter	Outcome	Calendar Days to Closure
5 & 7	1-14-26	Email	Eligibility	A provider shared that several families are struggling with the process of going to Liberty and then applying for Medicaid's YES Program.	Closed	The YES CCT team worked with the provider to help the families get scheduled for assessments with Liberty and apply for Medicaid after their assessment.	18
3	2-5-26	Email	Clinical Care	The YES CCT team received a report that a youth experienced bullying in a facility after a provider made a political comment. The adult who submitted the complaint reported being happy with how the leadership of facility handled the situation, but is still upset with environment created.	Pending (Closed after start of next quarter)	YES CCT forwarded the complaint to Magellan. Magellan spoke with the facility about the situation and provided information on best practices and expectations.	89
3	3-9-26	Phone	Claims	Grandmother reported billing dispute for last 3 years though her grandson. The youth has been and still is covered by Medicaid and the grandmother reported the provider may not have been submitting claims to Medicaid.	Pending (Closed after start of next quarter)	This complaint was forwarded to Magellan and Optum to investigate the claims issue. The provider was not contracted with Optum during the timeframe in question and was therefore unable to submit claims to them. Magellan was able to support the provider and family in getting the claims settled for	57

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status at End of Quarter	Outcome	Calendar Days to Closure
						the time that the provider was contracted with them.	
4	3-31-26	Website	Complex	The YES CCT team received an anonymous complaint. The complaint reported that a specific facility has a policy where they require a staff member to be present in hallways to ensure the safety of all members in their care. The complaint reported that the facility did not follow this policy at the time, and this resulted in a youth behaving inappropriately with another youth. The complaint reported that the staff did not report the incident to the police and it was only reported when the psychiatrist reported it.	Pending (Closed after start of next quarter)	The complaint was forwarded to Magellan. Magellan opened a Quality of Care review with the provider.	21

## Division of Behavioral Health (DBH)

Table 4: This category includes complaints about services and supports provided directly by DBH, vouchered respite, and Treatment Foster Care.

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status at End of Quarter	Outcome	Calendar Days to Closure
3&4	3-2-26	Website	Quality of Care	An anonymous complaint was reported about a facility stating they are understaffed resulting in safety concerns. Complainant reports not enough supervision and that staff are unable to complete proper intake procedures. Additionally, complainant reports staff using nicotine while onsite.	Pending (Closed after start of next quarter)	Forwarded complaint to IBHP to escalate to Magellan for review. DBH Substance Use Disorder (SUD) team was also made aware.	37

## Magellan Healthcare

Table 5: Magellan complaints:

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status at End of Quarter	Outcome	Calendar Days to Closure
5	1-7-26	Written	Billing and Financial Issues	Hospital disagrees with outcome of claim dispute. Hospital filed all level of appeals but Magellan continues to deny claim based on extenuating circumstances. Hospital requests in depth review of claim taking into consideration extenuating circumstances.	Closed	Report was not substantiated. Magellan reached out requesting appeal documentation and it was never received.	15
3	1-20-26	Written	Quality of Care	Complaint states that family did not agree with treatment in a facility and that when the member was picked up, they did not have all their clothing and shoes. Complainant reports member saw staff abuse children.	Closed	Magellan opened a quality of care review with the provider.	13

3	1-27-26	Verbal	Billing and Financial Issues	Member's family states they have been seeing a provider for 2+ years. No Medicaid claims have been made. Provider told member's family they would bill/reimburse once the received notification from Medicaid that they were covered. Medicaid has time limit on filing and member's family will not be reimbursed past that even though they were covered.	Closed	The provider is not a participating member of Magellan. Member's family can submit reimbursement request.	14
7	2-26-26	Written	Quality of Care	Complaint reports provider mishandled member's medication.	Closed	Magellan opened a quality of care review with the provider.	14
3	3-2-26	Written	Billing and Financial Issues	Grandmother reported billing dispute for last 3 years for her grandson. The youth was covered by Medicaid and grandmother reported provider might not be submitting claims.	Closed	Magellan encouraged provider to submit claims for their period of coverage.	26
3	3-5-26	Verbal	Quality of Care	Family reports inappropriate behavior and harassment from clinician.	Closed	Magellan opened a quality of care review with the provider.	14
4	3-11-26	Verbal	Billing and Financial Issues	Claim specialist called on behalf of provider to confirm receipt of claim dispute submitted to Magellan. Concerns were expressed about claim submission portal process. Website did not provide transaction numbers or confirmation of successful submission. No error message was provided to show submission had failed.	Closed	Magellan conducted a test of the site and found that it was generating a Provider Claim Dispute Number. Provider was encouraged to contact Magellan if it happened again.	14
4	3-11-26	Written	Billing and Financial Issues	Claim specialist called on behalf of provider to confirm receipt of claim dispute submitted to Magellan. Concerns were expressed about claim submission portal process. Website did not provide transaction numbers or confirmation of successful submission. No error message was provided to show submission had failed.	Closed	Magellan conducted a test of the site and found that it was generating a Provider Claim Dispute Number. Provider was encouraged to contact Magellan if it happened again.	12

3	3-17-26	Verbal	Other	Complainant reported that they were given poor advice for their child about homeschooling versus public schooling. Complainant also stated case worker was going to provide assistance and has not.	Closed	Magellan confirmed that the family was connected to an Intensive Care Coordination (ICC) Care Manager to assist the family with coordination needs.	14
4	3-27-26	Verbal	Access to Service	Parent reported the provider said they would have to wait 20 days for the service they requested. Parent also complained that they are not being provided an interpreter and they won't allow the youth to interpret for them	Pending (Closed after start of next quarter)	Magellan spoke with the provider and confirmed that interpreter services are available. The provider must use an interpreter through the service available rather than having the youth translate. The provider also explained they were waiting for the credentialing process to complete before providing the service to the member.	14

**Liberty Healthcare**

Table 6: Liberty Healthcare Idaho Independent Assessment Services complaints:

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status at End of Quarter	Outcome	Calendar Days to Closure
No complaints received this quarter.							

**Telligen**

Table 7: Telligen complaints (Behavioral Intervention service):

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status at End of Quarter	Outcome	Calendar Days to Closure
No complaints received this quarter.							

Note: Previously reported Medicaid EPSDT and Telligen complaint categories were removed after SFY25 Q1 as the behavioral health services previously managed by these contractors are now managed by Magellan, and therefore any complaints are now being reported to Magellan. The Telligen category was added back SFY26 Q2 to account for any complaints related to Behavioral Intervention services.

**MTM**

Table 8: Medical Transportation Management (MTM) complaints:

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status at End of Quarter	Outcome	Calendar Days to Closure
3	1/15/26	Email	Provider - No show pickup	MTM failed to inform the member of the change in transportation and failed to locate transportation for the trip request.	Closed	Quality Operations investigated the claim and determined it to be unsubstantiated. The member's mother made same-day trip revisions, not meeting required notice times. The member/member's representative modified the transportation requirements and was then removed from the confirmed provider due to availability.	15
7	1/26/26	Phone	Provider - Service/Behavior	Member's mother complained that the transportation provider failed to accommodate the scheduled trip request. Per mom this company is always messing up the member's trips.	Closed	Quality Operations reviewed the claim, and it was found to be substantiated. Quality Operations has requested that the transportation provider be educated on ensuring they review their manifest ahead of time. Any trips that cannot be accommodated should be returned to MTM more than 24 hours before the scheduled appointment. This will allow MTM sufficient time to secure alternate transportation.  The transportation provider is responsible for providing timely	14

						back-up in the event the original driver is delayed or unable to accommodate for any reason.	
7	1/15/26	Phone	Internal Complaint - MTM Process	Member's mother called to file a complaint against MTM for canceling a ride and not calling to notify the parent. Per the notes a call was made with no answer.	Closed	Quality Operations investigated the claim and determined it to be substantiated. The Dispatcher did not adhere to the Protocol stating that dispatchers are to notify members that a provider could not be found before the scheduled appointment time.	18
3	1/29/26	Phone	Internal Complaint - MTM Process	Member's mother called stating that her son is not getting his trips to his appointments due to the return ride being after hours. Transportation provider is willing to do the trip and works those hours.	Closed	Based on the evidence, the claim is substantiated. Quality Operations has requested that the MTM Health Dispatch department be educated to ensure all trips are set with a transportation provider that can accommodate the trip, and the member is aware of any transportation issues in a timely manner.	14
4	3/25/26	Phone	Provider - Service/ Behavior	Member's mother contacted MTM stating that her child was not picked up for his appointment. Mom also stated she had to take member to appointment and is now having to find a ride home and no one ever came to pick up member from appointment.	Closed	Based on the evidence, the claim is substantiated. Transport did not follow the proper procedures and protocols. The provider should notify MTM of any cancellations 24 hours before the member's appointment so that MTM has sufficient time to secure alternate transportation.  The transportation provider is responsible for providing timely back-up in the event the original driver is delayed or unable to accommodate for any reason.	15

1	3/30/26	Phone	Internal Complaint – Trip Accuracy	The member’s mother stated that the transportation provider did not arrive for the scheduled pick up request.	Closed	Quality Operations investigated the claim and determined it to be substantiated. During the investigation, it was uncovered that the MTM Call Center Agent did not notify the provider of the pickup address change. As a result, transportation went to the old address, and the member was not picked up.	3
7	2/5/26	Phone	Internal Complaint – Customer Service	Member’s father contacted MTM stating MTM did not verify the appointment for the mileage reimbursement request resulting in the trip being denied. Member’s father stated MTM representative provided trip number and confirmed trip was valid.	Closed	The claim against the MTM Call Center Agent, is substantiated. The agent did not provide the member's father with accurate information.	15
4	1/12/26	call	Provider – Service/ Behavior	The client contacted MTM to report an issue with transportation.	Closed	Quality Operations reviewed the claim, and it was found to be substantiated. Quality Operations has requested that the transportation provider be educated on ensuring they review their manifest ahead of time. Any trips that cannot be accommodated should be returned to MTM more than 24 hours before the scheduled appointment. This will allow MTM sufficient time to secure alternate transportation.  The transportation provider is responsible for providing timely back-up in the event the original driver is delayed or unable to accommodate for any reason.	14
7	1/14/26	call	Internal Complaint	The member’s mother contacted MTM stating she called to set up a gas	Closed	The claim against the MTM Call Center Agent, is	15

			nt – Customer Service	reimbursement trip. The agent did not seem to want to assist mom properly. The agent tried calling the facility to verify the appointment, but the facility was closed and she was told to call the next day. Mom informed the agent there was an authorization on file for this location, but the agent said they did not have an distance verification form on file. Mom asked to speak to a supervisor and again mom was treated in the same manner and the supervisor automatically said she did not have a distance verification on file. The member stated she felt like she was just a number to these agents. When calling MTM the customer service line, she has reported feeling agents do not care to assist her, agents do not care about what is needed to get the reservation completed and they have an attitude during their interactions on about approximately 40% of her calls.		unsubstantiated. The call center agent handled the call professionally, assisted the member's mother and followed protocol.	
6	3/20/26	call	Provider – No show pickup	The facility contacted MTM to report the member was not picked up.	Closed	Based on the evidence, the claim is substantiated. Quality Operations has requested that the transportation provider be educated on ensuring they review their manifest ahead of time. Any trips that cannot be accommodated should be returned to MTM more than 24 hours before the scheduled appointment. This will allow MTM sufficient time to secure alternate transportation.	12
4	2/26/26	call	Provider – No show pickup	The facility contacted MTM to report that the trip was actually turned back, but since it showed the member cancelled it was not assigned to anyone else.	Closed	Quality Operations investigated the claim and determined it to be substantiated. The Vendor Account Manager has reached out to the provider, and they found that there may be a	12

						system issue with their Routing, Scheduling, and Dispatching (RSD) representative, and with MTM's system, cancelling these with the correct reason. Examples are being sent to the RSD representative to investigate.	
4	1/8/26	call	Internal Complaint - MTM Process	The member's mother contacted MTM to report the member was not picked up.	Closed	<p>Quality Operations found the complaint to be substantiated. MTM Health Quality Operations has requested that the transportation provider be educated to review their trip manifest to ensure drivers are aware of their scheduled routes and are able to accommodate the member's scheduled pick-up request on time. In the event the driver is delayed or unable to complete the scheduled trip, an attempt should be made to notify the member.</p> <p>The transportation provider is responsible for providing timely back-up in the event the original driver is delayed or unable to accommodate for any reason.</p>	15
4	3/10/26	call	Provider - No show pickup	The client contacted MTM to report an issue with Quality Care and the trip being marked as "Member Cancelled", which is incorrect.	Closed	Quality Operations investigated the claim and determined it to be substantiated. The Vendor Account Manager has reached out to the provider, and they found that there may be a system issue with their Routing, Scheduling, and Dispatching (RSD) representative, and with MTM's	13

						system, cancelling these with the correct reason. Examples are being sent to the RSD representative to investigate.	
4	2/9/26	call	Internal Complaint - Trip Accuracy	A nurse from the facility that member attends for treatments contacted MTM and stated the trips have been having the nurse as a payee, who has not received a card, when it is another person on all the trip logs. Incorrect name is listed as the payee for the trips.	Closed	Quality Operations investigated the claim and determined it to be substantiated against MTM Regional Care Coordinator. The member's account was set up with the gas mileage reimbursement to the incorrect payee.	16
4	2/26/26	call	Internal Complaint - MTM Process	The facility contacted MTM to report that the provider marked as a member cancellation, but it was actually a turnback.	Closed	Quality Operations investigated the claim and determined it to be substantiated. The Vendor Account Manager has reached out to the provider, and they found that there may be a system issue with their Routing, Scheduling, and Dispatching (RSD) representative, and with MTM's system, cancelling these with the correct reason. Examples are being sent to the RSD.	14
4	1/6/26	call	Internal Complaint - MTM Process	The member contacted MTM stating she paid everything out of pocket was not aware it had to be called in ahead of time. She is asking for reimbursement.	Closed	Quality Operations investigated the claim and determined it to be unsubstantiated. The member's mother was aware that they needed to call ahead of time to schedule flights and lodging for the trip.	13
5	3/30/26	call	Internal Complaint - Customer Service	Member's mother called in and spoke with a representative. Mother was calling in to check pick-up ride. Mother states when the representative was on the line she pulled up member's account, made "sighing sounds" as if irritated and transferred mother back to the call que/main menu without any	Closed	The claim against the MTM Call Center Agent, is substantiated. The agent did not inform the member's mother that they were placing the call back into the MTM Call Center queue.	9

				notification from representative of being transferred. Mother states she has spoken with this representative before and has received same type of customer service treatment. Mother asking to have call pulled if possible/necessary.			
4	2/12/26	call	Internal Complaint - MTM Process	The member's mother is upset that we couldn't find a provider for short notice blanket trip for a behavioral health appointment. She feels like someone should have called her to let her know no provider was found.	Closed	Quality Operations investigated the claim and determined it to be substantiated. The Dispatcher did not adhere to the Protocol, which states that dispatchers are to notify members that a provider could not be found before the scheduled appointment time.  Quality Operations has also forwarded the issue to MTM's Logistics Department for review of MTM processes and the member's service area to assess network adequacy. It also ensures the member is informed of their trip arrangements before the appointment time.	15
3	3/27/26	call	Internal Complaint - Customer Service	Member's mother contacted MTM stating that they were advised to enter the date they left home to attend an appointment on the gas mileage reimbursement log. Member's mother is stating she was advised by the long distance team to log the dates differently and says she has an email stating that as well.	Closed	Unfortunately, Quality Operations is unable to substantiate the claim. To search by the MTM Agent, the agent's full name or the call date and time are needed.  Please note that, due to the limitations of the system, we are unable to find the call related to this member. If the member can provide additional information regarding the time of day they called, and/or the name of the representative	12

						they spoke with, we are happy to continue to investigate.	
3	3/3/26	call	Provider - Early Pickup	The Facility contacted MTM stating the transportation provider arrived too early for the pickup request.	Closed	Based on the evidence, the claim is unsubstantiated. The member's appointment was at 8:40 am. Transportation dropped the member off at 8:45 am. Also, the member's account was not noted for the driver to provide door-to-door service.	13
3	1/22/26	call	Provider - No show pickup	The mother of the beneficiary contacted MTM stating the transportation provider did not arrive for the pickup ride. The transportation company marked him as a no-show for the return ride, but the transportation company never showed up to take him to his appointment.	Closed	Based on the evidence, the claim is substantiated. Quality Operations has requested that the transportation provider be educated on ensuring they review their manifest ahead of time. Any trips that cannot be accommodated should be returned to MTM more than 24 hours before the scheduled appointment. This will allow MTM sufficient time to secure alternate transportation.	14
3	2/24/26	call	Driver - Behavior	The Mother of the Beneficiary contacted MTM stating that the driver was rude during the A leg of the trip. When the driver finally found the correct address, and the beneficiary and his mother got in the vehicle, the driver put them out, stating that the trip had been canceled.	Closed	The claim is substantiated against the provider due to failure to respond to multiple requests.	15

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

There were **8** youth complaints and 0 family complaints received during Q3 of SFY 2026.

*Table 9: IDJC Family Complaint Detail, SFY 2026, Q3*

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 at End of Quarter	Outcome	Calendar Days to Closure
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No complaints received this quarter.

*Table 10: IDJC Youth Complaint Detail, SFY 2026, Q3*

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 at End of Quarter	Outcome	Calendar Days to Closure
3	2-6-26	Youth		Peer punched them in the face and they would like to press charges.	Closed	Youth would still like to press charges. Youth was informed that staff will coordinate with county sheriff to have someone come take a statement.	6
3	2-19-26	Youth		Staff said that I was not allowed to be in the special education office.	Closed	Staff was talked to about this situation. Staff said that they didn't tell the youth that they weren't allowed in the special education office. Staff said that the youth was not allowed to get into another staff member's	1

						desk. Youth did have permission from that staff member. Moving forward, this youth's items will not be stored in staff member's desk, they will be stored on a shelf that they can access with staff member's permission.	
3	3-7-26	Youth		Youth states that another youth was in their room and the perception is that the youth exposed themselves. Staff told us to move on and when the youth brought it up, they felt like they were shut down by staff and again told to move on. They don't want a peer who exposes themselves to be released back in the community and staff tells us our perceptions are invalid.	Closed	Staff clarified that the other youth did not expose themselves. Staff talked to youth about processing concerns with peer's behavior in group meeting with the group and group leader. Staff was also talked to about being fair and equal with all the youth and validating their concerns.	2
1	1-25-26	Youth		During large muscle activity, peer pushed me out of the way so they don't get out and they also inappropriately touched me.	Closed	Conversation between the youth involved. The peer apologized if they got physical and broke boundaries. Youth accepted the apology.	1
1	2-15-26	Youth		Due to youth misbehavior, staff started to raise their voice. The group would appreciate the yelling to stop. I would like all staff to have a conversation about this.	Closed	Youth would like staff to talk to them and offer a break when he begins to act out. They need others to notice his behavior cycle at this time. The youth identified his responsibility of accepting help in the form of redirection to reduce staff using elevated tones.	2
2	3-8-26	Youth		I was blamed for peeking in the shower when I swear I didn't. Watch the camera if you want, but if I get blamed for this bull crap I will kill myself. I promise.	Closed	Youth was held accountable and completed a helping circle. Staff explained that stating they would kill themselves was a serious matter. Youth stated he did not want to die now. Suicide evaluator was called after the grievance was collected.	4

2	3-18-26	Youth		I wanted a shower but staff said no because it was eight o'clock. Also, I get very hungry and I need more food but they say no. And it makes me mad. Please.	Closed	Not a rights violation, it is a time management issue. The group leaders have addressed it.	8
2	3-14-26	Youth		We were in classroom and staff told us to come back and they were being rude and having a loud tone with us. Back in the pod, I was talking with another staff and that same staff stepped up to me and said "Do we have a problem", I told him "watch yourself."	Closed	Talked to staff and discussed professionalism. It has not happened since.	1

\*The complaint category column was added in Q3 2023 and IDJC does not currently specify category; therefore, this column is 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 AND STATE FAIR HEARINGS

A total of **18** appeals were received during Q3 of SFY 2026. 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 11: YES Appeals Q1, Q2, Q3, and Q4.

	Medicaid	DBH	Magellan	MTM	Telligen	Liberty	Total
Q1	3	0	17	0	N/A	0	20
Q2	2	0	17	0	0	0	19
Q3	0	0	14	0	4	0	18
Q4	-	-	-	-	-	-	-
SFY to date	5	0	38	0	4	0	47

Table 12: Timeliness of Resolution for YES Appeals Q1, Q2, Q3, and Q4.

	Average Calendar Days to Appeal Closure					Range of Calendar Days to Appeal Closure			
	Q1	Q2	Q3	Q4	SFY	Q1	Q2	Q3	Q4
Medicaid	28	30	-	-	29	19-36	30	-	-
DBH	-	-	-	-	-	-	-	-	-
Magellan	15	19	12	-	17	3-28	1-31	1 - 30	-
MTM	-	-	-	-	-	-	-	-	-
Telligen	N/A	-	1	-	-	N/A	-	1	-
Liberty	-	-	-	-	-	-	-	-	-

Note: Previously reported Medicaid EPSDT and Telligen complaint categories were removed after SFY25 Q1 as the behavioral health services previously managed by these contractors are now managed by Magellan, and therefore any complaints are now being reported to Magellan. The Telligen category was added back SFY26 Q2 to account for any complaints related to Behavioral Intervention services.

Table 13: Appeals and state fair hearing details SFY26 Q2

Team Appeal was Submitted To	Region	Date Submitted	Receipt Method	Decision Being Appealed	Status at End of Quarter	Outcome	Date Closed	Calendar Days to Closure	Resulted in State Fair Hearing
Telligen	4	1/7/26	Fax	Residential	Open pending State Fair hearing scheduling				Yes
Telligen	4	3/24/26	Written	Residential	Closed	Decision was upheld by Telligen	3/25/26	1	No
Telligen	1	2/16/26	Written	Residential	Closed	Decision was overturned by Telligen	2/17/26	1	No
Telligen	1	2/16/26	Written	Residential	Closed	Decision was overturned by Telligen	2/17/26	1	No
Magellan	3	1/18/26	Email	Medical Necessity	Closed	Partially Overturned	2/13/26	26	No
Magellan	6	1/25/26	Email	Medical Necessity	Closed	Previous Decision Overturned	2/18/26	24	No
Magellan	4	1/26/26	Email	Medical Necessity	Closed	Previous Decision Overturned	1/27/26	1	No
Magellan	5	1/27/26	Phone	Medical Necessity	Closed	Previous Decision Upheld	2/16/26	20	No
Magellan	4	1/29/26	Fax	Administrative	Closed	Administrative Overturned	2/20/26	22	No

						to MNC Review			
Magellan	4	1/5/26	Email	Administrative	Closed	Administrative Overturned to MNC Review	2/4/26	30	No
Magellan	6	1/5/26	Mail	Administrative	Closed	Previous Decision Overturned	2/4/26	30	No
Magellan	3	2/25/26	Fax	Medical Necessity	Closed	Previous Decision Upheld	2/27/26	2	No
Magellan	1	2/25/26	Email	Medical Necessity	Closed	Previous Decision Overturned	3/3/26	6	No
Magellan	5	3/11/26	Email	Medical Necessity	Closed	Previous Decision Upheld	3/13/26	2	No
Magellan	3	3/11/26	Email	Medical Necessity	Closed	Previous Decision Upheld	3/12/26	1	No
Magellan	6	3/19/26	Email	Medical Necessity	Closed	Previous Decision Upheld	3/20/26	1	No
Magellan	7	3/5/26	Phone	Medical Necessity	Closed	Previous Decision Upheld	3/9/26	4	No
Magellan	6	3/31/26	Fax	Medical Necessity	Pending	Pending			

## YEAR OVER YEAR COMPARISON

The following graph shows the year-over-year comparison of complaints received by all teams.

Figure 1: YES complaints compared year over year and current SFY to date.

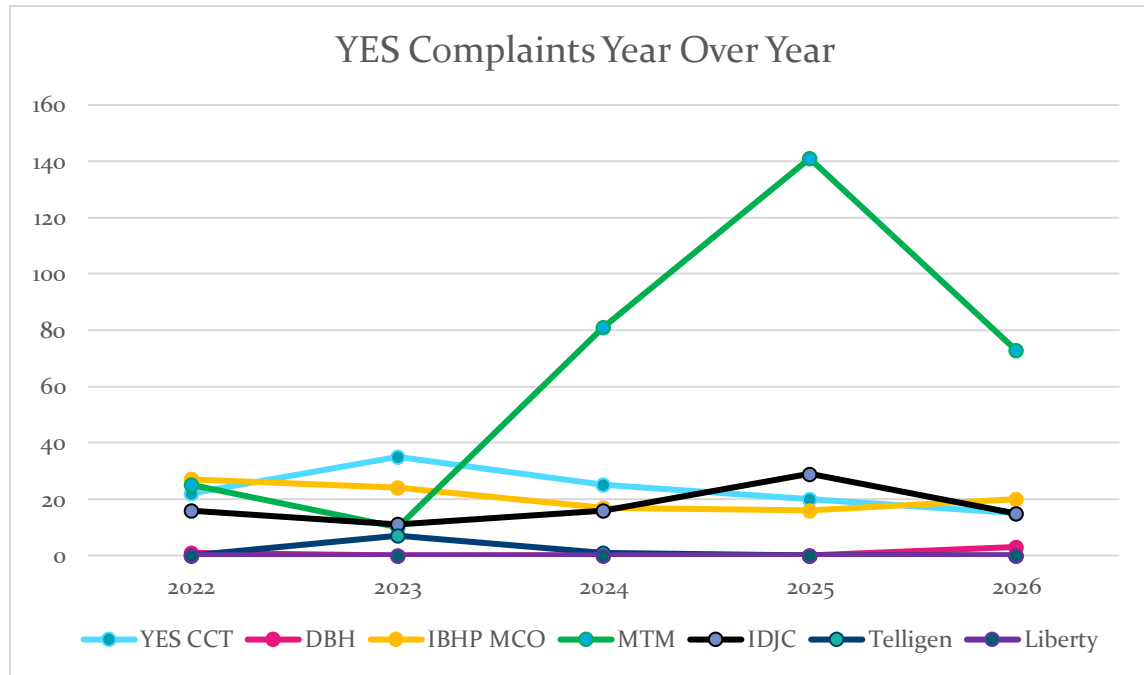


Table 14: YES Complaints compared across the years and current SFY to date.

YES Complaints Year Over Year Comparison					
	SFY22	SFY23	SFY24	SFY25	SFY26 to date
YES CCT (DHW)	22	35	25	20	15
DBH	1	0	0	0	3
IBHP MCO (Optum/Magellan)	27	24	17	16	20
MTM	25	10	81	141	73
IDJC	16	11	16	29	15
Telligen	0	3	1	N/A	0
Liberty	0	0	0	0	0

Figure 2: YES appeals year over year and current SFY to date.

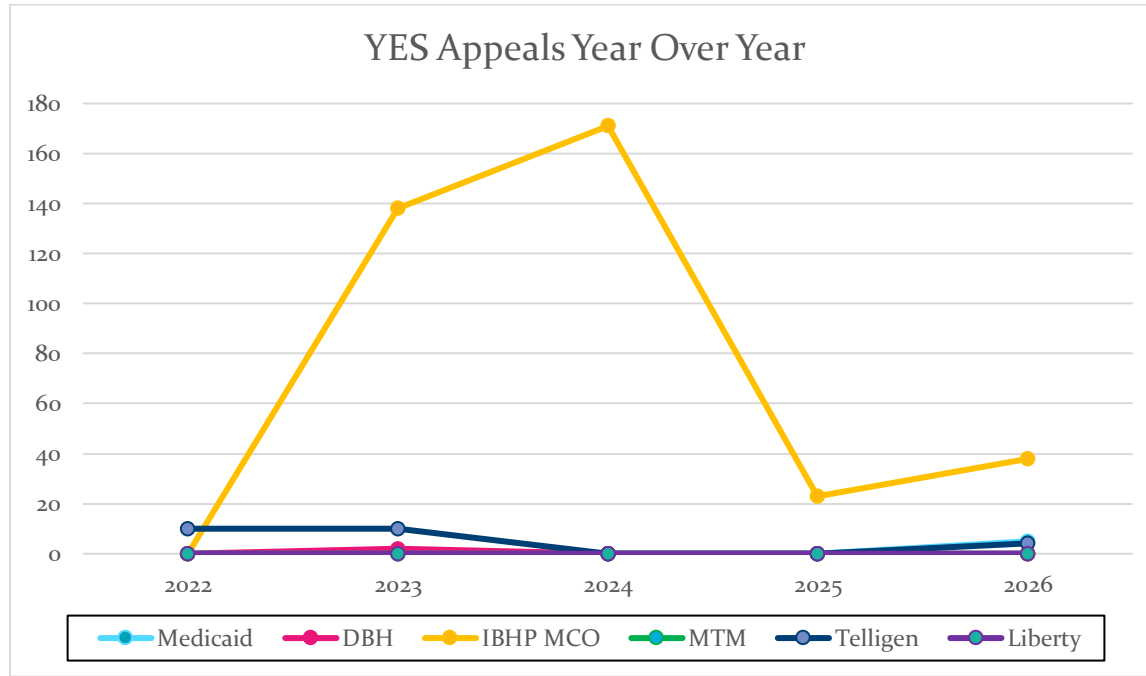


Table 15.: YES appeals year over year and current SFY to date

YES Appeals Year Over Year Comparison					
	SFY22	SFY23	SFY24	SFY25	SFY26 to date
Medicaid (Fair Hearing Request)	0	0	0	0	5
DBH	0	2	0	0	0
IBHP MCO (Optum/Magellan)	0	138	171	23	38
MTM	0	1	0	0	0
Telligen	10	10	0	N/A	4
Liberty	0	0	0	0	0