YES Rights and Resolutions

COMPLAINTS AND APPEALS
APRIL 1 – JUNE 30, 2026
SFY 2026 Q4

QUALITY MANAGEMENT
IMPROVEMENT AND
ACCOUNTABILITY
SEPTEMBER 3, 2026

Table of Contents

YES Rights and Resolutions Report Introduction

April 1, 2026 – June 30, 2026 (SFY 2026 Q4)

The Youth Empowerment Services (YES) Quality Management Improvement and Accountability (QMIA) Council believes that complaints are a valuable source of information about the YES system of care and that each complaint received offers an opportunity to monitor and improve Idaho's behavioral health system for youth and families.

The YES system of care is complex. It is comprised of multiple partners including the Idaho Department of Health and Welfare divisions of Behavioral Health (DBH), Medicaid, and 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 **51** complaints were received during Q4 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
Q1	5*	1*	2	37	0	1	0	N/A	46
Q2	2**	1	8**	14	0	6	0	0	31
Q3	8**	1	10**	22	0	8	0	0	49
Q4	4	1	8	26	0	12	0	0	51
SFY to date	19	4	28	99	0	27	0	0	177

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*
YES CCT	*26*	*42*	*46*	*26*	*35*	*10-45*	*33-49*	*18-89*	*13-46*
DBH	*28*	*34*	*37*	*54*	*39*	*28*	*34*	*37*	*54*
Magellan	*11*	*11*	*15*	*9*	*12*	*7-14*	*6-29*	*8-19*	*3-11*
MTM	*14*	*12*	*14*	*4*	*11*	*5-17*	*1-18*	*3 - 18*	*14-19*
Liberty	-	-	-	-	-	-	-	-	-
IDJC	*7*	*6*	*3*	*12*	*7*	*7*	*0-16*	*1-8*	*0-4*
Telligen	*N/A*	-	-	-	-	*N/A*	-	-	-
CYFS	-	-	-	-	-	-	-	-	-

DETAILED BREAKOUT OF COMPLAINT REPORTING FOR QUARTER 4 (April 1, 2026 – June 30, 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 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
4	5/2/26	Email	Quality of Care	A provider reported concerns about behavior at facility. They witnessed a youth experiencing a medical crisis reported they did not receive the proper medical care and was handled improperly during the crisis. Unsafe living arrangements for another youth were also reported. The provider reported both to management, but they were not addressed.	Closed	This complaint was forwarded to Magellan. A quality of care review was opened for the youth in crisis. More information was needed from the provider to investigate the reported unsafe living conditions, but the provider was unable to get the additional information.	46
3	5/21/26	Email	Access	Providers reported having their authorizations denied for youth that have not yet completed the Wraparound program. Providers were concerned about kids being removed before treatment was completed.	Closed	YES CCT worked with Magellan, BPA, and Wraparound team to research the authorizations in question. All denials were reviewed and found to be appropriate as each youth had been in the program for over a year.	13
5	6/2/26	Email	Rights	An advocate submitted a complaint on behalf of a youth and family about the appeals process.	Closed	YES CCT and the Idaho Behavioral Health Plan Governance Bureau (IBHP-GB) collaborated with Magellan on the specific case referred to in the complaint. Timelines and correspondence were reviewed against contractual and federal timeline requirements.	13

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status at End of Quarter	Outcome	Calendar Days to Closure
3	6/5/26	Website	Complex	Mother submitted a complaint about youth being released from hospital before the youth was ready. Mother states that the youth has a lot of aggression and she is concerned for the safety of the family after they are being forced to bring the youth home.	Closed	YES CCT worked with Magellan to get youth's history pertaining to the complaint. The team reached out to mother directly to address her concerns.	32

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
4	4/23/26	Website	Other	Complainant reported that their youth eloped from treatment center after being admitted for inpatient psychiatric care. Complainant was not happy how the treatment center dealt with their youth's elopement and felt the treatment center did not want to treat their youth but rather discharge them back into community.	Closed	Complaint escalated to YES CCT for Magellan to investigate further. Magellan initiated a Quality of Care Concern and connected the youth with an Intensive Care Coordination Case Manager. They were transitioned to a residential treatment center.	54

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
Out of State	4/1/26	Verbal	Billing and Financial Issues	Provider submitted complaint that they did not attach all DOS and authorizations to the claims and there was an under payment. The claim was sent back and did reprocess, but provider states that they were only paid for 3 units instead of the 4 that was billed. They are upset that they have had to call in about this more than once.	Closed	Magellan investigated the complaint. The call was reviewed with our Customer Experience Associate (CEA) about your claim. A claim adjustment has been made and finalized. The reimbursement amount was applied to an overpayment made on a separate claim. The Explanation of Payment outlines the overpayment recovery.	9
7	4/6/26	Written	Billing and Financial Issues	Provider disagrees with denial of claim.	Closed	Magellan Quality reviewed the claims on file. The claim denied payment because the National Provider Identifier (NPI) number submitted on the claim does not reflect an eligible, participating provider for IBHP. Claim resubmission was received and did not include information identifying the original claim to be reviewed. Additionally the claim was submitted 180 days after date of service so it was denied due to not meeting the filing period.	10
7	4/10/26	Written	Billing and Financial Issues	The hospital provided medically necessary treatment to Magellan member. Provider reports that without justification, Magellan Healthcare, Inc. denied patients' treatment for the	Closed	Magellan Quality reviewed the claim submission. As outlined in the provider's claim dispute determination letter, the claim submitted for the dates of	3

				alleged failure to timely file a bill within the applicable deadlines.		service was not received within the timely filing requirements.	
7	4/20/26	Verbal	Attitude and Services	Mother of member stated they haven't gotten the test results from testing that was performed. Services were billed for 12 units / hours used on these claims & mother stated they were only there for 4 hrs. Please request medical records per mother's request.	Closed	A provider representative stated they would contact the doctor to see if the final report and summary of the testing has been completed. Once complete, the report is made available to the client. For billable hours, the testing service has different components, and some units are equal to one hour, others need more units to equal one hour.	11
4	5/6/26	Verbal	Attitude and Services	Member mother requests that member only work with one provider. She stated that every time the member goes in, they work with a different individual. These constant changes are affecting the members' behaviors. This has been discussed with the manager and mother felt her concerns were disregarded.	Closed	Magellan Quality looked into mother's concerns. Mother is satisfied with the assigned BI worker, but when that individual was away, the workers assigned did not meet the mother's expectations. The provider is not a provider for the IBHP or contracted with Magellan. It is recommended contacting your local school's District Office, or the school's Superintendent, to go over the concerns. A referral for Intensive Care Coordination (ICC) was made within Magellan. The ICC Coordinator made a call to mother and left a message for a return call. We noted that a Magellan Care Manager also opened a case and will be in contact mother.	10
Unknown	5/21/26	Verbal	Access	Mother stated that case management does not help and does not do CANS annually. Mother is upset with the way Magellan is handling things. Case	Closed	Magellan identified that you received Intensive Care Coordination (ICC) Youth and Peer Support from Magellan.	10

				managers are not allowed to speak with mother unless CANS is current.		Magellan closed the ICC service when mother asked to stop the service. The CANS is updated every 90 days or if there is a significant change in your life. The CANS assessment needs to be completed by a Certified CANS Assessor.	
Unknown	5/28/26	Written	Other	An expedited appeal request was submitted regarding the denial of Partial Hospitalization Program (PHP) services. The family is requesting expedited review due to the ongoing concerns over safety and treatment. The family is deeply concerned regarding the current disruption in continuity of care and the ongoing risk in the absence of behavioral health treatment services.	Closed	Partial Hospitalization Program (PHP) services were recommended for your youths continued treatment following a denial of continued Psychiatric Residential Treatment Facility (PRTF) services. The youth was evaluated and was determined their program was not suitable for your youth and recommended a higher level of care than their program offered. The denial was appealed. The appeal was not completed due to Magellan not having received, reviewed, nor denied a benefit request for PHP.	10
6	6/8/26	Written	Access	Member's Mother requests to proactively avoid conflicts with authorizations and claims for her youth while receiving both CBRS and TBS simultaneously.	Closed	Magellan's Clinical Services suggested that the CBRS request be made through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, which would allow for both TBS and EPSDT/CBRS, once medical necessity was established. Authorization of CBRS was denied. Since then, Magellan's Clinical Care Navigation reviewed and approved the request. Mother spoke with the ICC and stated her preference	10

						to continue with only CBRS. TBS may be requested in the future.	

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
1	4/22/26	Phone	INTERNAL COMPLAINT - CUSTOMER SERVICE	The member's speech therapist contacted MTM stating when she called she spoke to a very rude CCR. She asked to speak to a manager and was denied and told we do not do that. The CCR then hung up on her.	Closed	The claim against the MTM Call Center Agent, is substantiated. The agent was rude and would not transfer caller with the facility to a supervisor. The MTM Call Center Agent has been submitted for coaching on the importance of maintaining a professional demeanor while assisting members/member representatives.	14
4	4/3/26	Phone	DRIVER - BEHAVIOR	The Facility contacted MTM stating the driver was rude during transportation. They called saying member and mother got dropped off at the wrong address. The driver dropped them off behind a gas station by the dumpster and the member's mother left her purse in the Lyft and when the driver was contacted, he said he'd bring the purse back for $20.	Closed	The Quality Operations Team substantiates the claim, as Lyft could not obtain a driver's statement. A request to remove the Lyft driver was made to Lyft. This driver will no longer be able to see or accept the member's trips going forward. Regarding the member's mothers purse: Lyft's policy dictates that they are not responsible for personal items left in vehicles. If the driver cannot be reached, use the "Lost & Found" option within the app to report the item. Lyft will email or text the driver to check for the item. Passengers should use the app to contact the driver within 24 hours to arrange a return. A $20 "lost &	19

						found fee" is charged to the passenger to compensate the driver for returning the item.	
3	4/9/26	Phone	INTERNAL COMPLAINT - MTM PROCESSES	The member's mother contacted MTM to report they were not picked up.	Closed	Quality Operations is unable to substantiate the claim. Insufficient information was provided to investigate the claim.	15
4	6/18/26	Phone	INTERNAL COMPLAINT - MTM PROCESSES	The client contacted MTM on behalf of the member to report a Mileage Reimbursement Issues	Closed	Quality Operations investigated the claim and determined it to be unsubstantiated. MTM did not receive the correct signed Gas Mileage Reimbursement Trip Logs until after this complaint was logged. Reimbursement was submitted.	14
3	5/8/26	Phone	INTERNAL COMPLAINT - CLIENT PROTOCOLS	The member's mother contacted MTM stating the member disagreed with MTM not allowing ride of choice. She said they failed to pick up the member from their appointment and the trip was cancelled without notification. Mother and MTM representative tried to contact the provider multiple times. Mother called them the following day and was able to speak to a dispatcher who was extremely rude. The member heard the interaction between her and the dispatcher and does not feel safe traveling with them. They are asking to have this provider placed on the exclusion list for all future trips.	Closed	Quality Operations investigated the claim and determined it to be unsubstantiated. A review of the health plan protocols determined that the health plan is not authorized for the ride of choice and requires MTM to schedule all trips with the most appropriate provider available. The MTM system generates the most appropriate provider based on trip date, time, and location. Removing or limiting a provider in the member’s network could hurt future trip requests.	14
4	6/10/26	Phone	INTERNAL COMPLAINT - MTM PROCESSES	The member's mother contacted MTM stating she was only partially reimbursed for lodging for a multi-state trip that had to be broken into 3 nights due to member’s medical condition. She said she should be reimbursed for 3 nights not just 1.	Closed	In summary, the member’s complaint is unsubstantiated. A review of the member's reimbursement history confirmed that payment was issued for all three approved lodging nights related to the member's travel.	15

4	4/16/26	Phone	INTERNAL COMPLAINT - MTM PROCESSES	The members mother contacted MTM stating the transportation provider did not arrive for the scheduled pick up request. The member never got notice of any cancellation. They called MTM and was told Lyft would be there.	Closed	Quality Operations investigated the claim and determined it to be substantiated. The Dispatcher did not follow the Protocol. The Dispatch Manager referred this incident for coaching in accordance with the Protocols. Quality Operations forwarded the issue to MTM's Logistics Department for review of MTM processes and the member's service area to assess network adequacy.	14
3	5/19/26	Phone	INTERNAL COMPLAINT - TRIP ACCURACY	The member's grandma contacted MTM stating the transportation provider arrived late for the pick up request. The MTM representative entered the incorrect return ride time for the trip. The trip was to be created as a will call but was set with a scheduled pick up time.	Closed	The claim against the MTM Call Center Agent is unsubstantiated. Upon review, the trip was scheduled with advanced notice and verified for scheduling accuracy. The member had a requested return trip scheduled and the driver arrived within the hour and picked up the member.	15
7	6/4/26	Phone	INTERNAL COMPLAINT - CLIENT PROTOCOLS	The mother contacted MTM on stating MTM did not release funds for trip logs received.	Closed	Quality Operations is unable to substantiate the claim. A review of the member's health plan protocols for trips over 200 miles one-way requires an authorized and approved Distance Verification Form (DVF) to be on file. The member's DVF on file expired prior to the trip which required a renewed DVF to be sent and approved. The claim was denied due to the Intake Department denying DVF not authorized by the health plan.	14

7	6/15/26	Phone	INTERNAL COMPLAINT - MTM PROCESSES	Member has been trying to resolve reimbursement issue since the day of the appointment. Member has been communicating with the hospital and MTM has been trying to ensure correct forms were submitted. This is the first time going through this process and member has been actively following up. They are now being told that they won't receive reimbursement because more than a month has passed.	Closed	The member's complaint was determined to be substantiated. Quality Operations reviewed the member's file and the submitted claim. It was determined that MTM experienced an unforeseen delay in processing the member's reimbursement requests.	14
4	5/4/26	Phone	INTERNAL COMPLAINT - MTM PROCESSES	The member's parent contacted MTM stating that the MTM is consistently not allowing them to use bio metrics to log in. The parent states this is preventing them from being able to double check trips are set accurately. Parent states this has been an ongoing issue for the last month to month and a half.	Closed	For technical assistance using the app, you can also call our Navigator Line at 888-597-1189. This line is manned by representatives trained to assist you in using the MTM Link Member mobile app.	14
7	6/9/26	Phone	INTERNAL COMPLAINT - CLIENT PROTOCOLS	The member's mother contacted MTM stating the MTM representative did not have clear knowledge of the distance verification process. Member stated supervisor confirmed form was signed by doctor and now waiting on health plan approval, but the form was never faxed back due to incorrect fax number. Member's mother stated supervisor told them distance verification form had a start and end date, but it was only set for one day. Member's mother request to have call reviewed.	Closed	MTM located two calls regarding the authorization of a yearly Distance Verification Form (DVF). The CCR advised that the DVF had been faxed but was still pending health plan authorization. The matter was escalated to the Operations Resource Center (ORC), which advised that the DVF could be updated and submitted for approval. The DVF was subsequently received and approved. Based on our investigation, we concluded that the CCR followed protocol.	15
7	4/1/26	Phone	DRIVER - APPEARANCE/ODOR	Member contacted MTM stating driver came and had a ski mask on and no ID and felt very uncomfortable.	Closed	Quality Operations is unable to substantiate the claim. The transportation provider stated that their driver wears the	14

						Badge or hangs it from the Rear View Mirror. The driver wears a Balaclava, not a ski mask. The provider has spoken with their driver, and he will not wear the mask unless necessary. The driver must also explain to members why he wears the Balaclava.	
4	5/27/26	Phone	INTERNAL COMPLAINT - MTM PROCESSES	Parent and patient got picked up and parent noticed that driver was heading back to her house and asked why they were heading back and driver didn't give a reason. Driver left them on the main road and asked them to walk back to their house. Parent was upset and asked the driver questions and driver yelled at her through the car and she ended up walking back home.	Closed	The member's complaints are substantiated. MTM, Inc., was unable to obtain a driver statement in a timely manner. The Quality Operations Team requested that Lyft driver be removed from all future trips for the member.	15
3	5/4/26	Phone	VEHICLE - APPEARANCE/ODOR	The members mom contacted MTM stating the vehicle smelled of cigarette smoke. Mom would not like the driver for future trips.	Closed	The complaint is substantiated. Per the assigned provider, Lyft, they are unable to provide a driver's statement. Lyft has verified that this driver has been unpaired from the member's future trips.	15
5	5/19/26	Phone	INTERNAL COMPLAINT - TRIP ACCURACY	The members' mother contacted MTM stating the MTM Representative gave her false information. Mother stated she contacted MTM to find out when the return ride would be arriving and the Representative told her that a Lyft had been assigned and should arrive in 10 minutes. When a driver did not arrive, mother called back and was informed that a Lyft had never been assigned.	Closed	The member's complaint is substantiated against the Call Center agent. The agent's supervisor has been notified of this error, and as a result, the agent has been submitted for coaching on the proper procedures and protocols for managing future trips.	15
4	6/17/26	Email	INTERNAL COMPLAINT -	Member has had repeated difficulties receiving accurate information and reimbursement for travel expenses,	Closed	The member's complaint is substantiated. Agents have been notified of	14

			MTM PROCESSES	despite submitting the required paperwork and following up multiple times. Although gas expenses were reimbursed within 10 days, meals and hotel expenses remain unpaid, and the member has received conflicting information from different representatives about whether their paperwork was received and completed correctly. The member feels blamed and unsupported by both customer service and their care coordinator and is asking for more compassionate, helpful, and consistent communication. As a single mother with a child who has severe medical needs, she relies on these reimbursements and cannot afford to lose money because of administrative issues.		this error, and as a result, the agent has been submitted for coaching. The members' account was reviewed and the member should be receiving payment in the coming days.	
6	4/28/26	Phone	INTERNAL COMPLAINT - MTM PROCESSES	The member's mother contacted MTM stating MTM failed to locate transportation for the trip request.	Closed	Quality Operations investigated the claim and determined it to be substantiated. The Dispatcher did not follow the Protocol. The Dispatch Manager referred to this incident for coaching in accordance with the Protocols. 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.	15
5	5/18/26	Phone	INTERNAL COMPLAINT - MTM PROCESSES	The Client contacted MTM regarding their long-distance travel and the automated phone system.	Closed	Quality Operations reviewed the complaint. Call logs reviewed in the MTM Health system found that the member did not have a contact number on file. This resulted in the member's family having access	15

						issues when contacting the MTM Health IVA system. The member's file has been updated.	
4	6/9/26	Phone	PROVIDER - LATE RETURN	The member's facility contacted MTM stating the transportation provider arrived late for the pre-scheduled return ride.	Closed	The claim is substantiated. The transportation provider arrived outside of the allotted 15-minute pickup window. The Quality Operations Team has requested that the transportation provider be educated to review their trip manifest prior to their scheduled pick-ups.	
4	6/15/26	Email	INTERNAL COMPLAINT - TRIP ACCURACY	Member's youth is a minor and not only was his driver an hour late, but someone scheduled a ride with uber. The parent was not notified. After the youth came home, the parent received a call from a different uber driver saying they arrived at the pickup spot. He proceeded to yell at the parent even though it was explained that the parent did not order the uber. This is absolutely unacceptable.	Closed	The member's complaint is substantiated. Agent and Supervisor did not confirm the member's age prior to assigning the trip to Uber. The supervisors for both Agent and Supervisor have been notified of the identified process errors. The agents have been referred for coaching to reinforce the proper procedures and protocols for trip management, including provider coordination, member eligibility verification, and trip accuracy.	14
3	6/10/26	Phone	INTERNAL COMPLAINT - CLIENT PROTOCOLS	The member's mother contacted MTM stating the member disagreed with MTM not covering Non-Medical trips. She states that non medical is covered but MTM protocols do not reflect that, so the trip has been denied.	Closed	Quality Operations investigated the claim and determined it to be unsubstantiated. A review of the health plan protocols has determined that the health plan is not authorized for non-medical/non-IDHW-approved trips.	14
1	5/29/26	Phone	INTERNAL COMPLAINT -	The member expressed concerns about a transportation provider after experiencing reckless driving that	Closed	The claim is unsubstantiated. Please be aware that IDAHO STATE DHW MEDICAID is not a	17

			CLIENT PROTOCOLS	made her feel unsafe. The facility encouraged her to use this provider, but she preferred a different transportation company with whom she feels more comfortable. It was explained that the member does not have ROC, so MTM is unable to assign her to her preferred vendor. However, the member requested that future transportation be accommodated with a provider she feels safe and comfortable using.		'right of choice' plan. The MTM system generates the most appropriate provider based on trip date, time, and location.	
3	6/24/26	Phone	INTERNAL COMPLAINT - MTM PROCESSES	The facility contacted MTM stating the driver gave the member an energy drink.	Pending	The transportation provider was unable to provide documentation to dispute the complaint. MTM requested the response and the drivers log but received no response. Based on our investigation, we concluded that Transportation Provider Manual policies were not followed. This incident was referred to the Network Operations Manager for coaching. A reminder will also be sent to the transportation provider reminding the driver to not provide any type of food/drink to any members.	15
4	6/24/26	Phone	PROVIDER - LATE PICK UP	The facility contacted MTM stating the transportation provider did not provide timely services on the date of service.	Pending	Based on the evidence, the claim is unsubstantiated. The provider transported the member on time.	15
3	6/24/26	Phone	INTERNAL COMPLAINT - MTM PROCESSES	The facility contacted MTM stating the transportation provider did not arrive for the scheduled pick up request.	Pending	Based on the evidence, the claim is substantiated. The member's account was incorrectly flagged as a Level 3-No Show. As a result, the member's trips were being canceled.	15

						The MTM Dispatch Team has been informed, and a request to remove the Level 3-No Show is pending.	

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

There were **12** youth complaints and **0** family complaints received during Q4 of SFY 2026.

Table 9: IDJC Family Complaint Detail, SFY 2026, Q4

Families *Family members of YES class members whose complaint/concern was directed to the Superintendent*							
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.							

Table 10: IDJC Youth Complaint Detail, SFY 2026, Q4

Youth *YES class members whose complaint/concern was formally received by IDJC staff*

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status at End of Quarter	Outcome	Calendar Days to Closure
3	4/4/26	Youth		Currently there have been a lot of perceived groping by another peer on the peers in the group. The group feels uncomfortable. One situation for the juvenile is when at grits the peer kept sliding bread on my thighs.	Closed	Reviewed video, discussed calling these behaviors to session. Staff addressed these behaviors with the group and set expectations.	2
3	4/7/26	Youth		States another peer was in the bathroom with their shirt off and slapping themselves trying to make the noise of sex and was slapping their butt and chest. The group pointed this out and the peer opened the door and showed themselves to the group.	Closed	Will be reviewed as a PREA incident. PREA Compliance Manager conducted fact finding interviews to determine that the allegation did not meet the PREA definition prior to answering the grievance.	0
1	4/7/26	Youth		Every time I get in a physical intervention/restraint is so stupid of a reason and they don't do it to others when doing worse than me. I need help with it please.	Closed	Staff will be reminded to attempt verbal redirection to the extent possible. Juvenile will work on being more cooperative with his group and staff when redirected/showing behaviors. Juvenile expressed understanding his responsibility, and staff have been made aware of their responsibility in team and by email.	0

3	4/8/26	Youth		While juvenile was in the bathroom a peer was looking in on them.	Closed	Addressed through the group.	0
1	4/14/26	Youth		Refusing to let me use my pencil to write a grievance for a couple minutes and they were not letting me have my pencil or glasses in my room and not letting me write clothing requests for not being able to have my pencil in my room.	Closed	Juvenile understands why pencil was not allowed in his room; discussed the differences between right to clothing and filling out a request after hours; Juvenile acknowledges that after being told to wait to fill out grievance, he was given the opportunity about 10 minutes later.	0
3	5/7/26	Youth		In the situation, my treatment team is trying to control my conversations with my family and is invading my life being unrealistic treatment me poorly. I'm not getting fair treatment within my conversations with my bio mom.	Closed	Staff processed how phone calls are privileged and that this is not a punishment, but a safety precaution. We talked about how if he is doing well that we could revisit this in 2 weeks.	0
2	5/11/26	Youth		We were doing PE and I was running suicides and I just got done and a peer spit in my face one of my peers is aware and the rest of my group is aware of the spit that was on my face and so is the staff.	Closed	Watched the video and did see the peer spit towards the juvenile. The group addressed the behavior programmatically at the time. Nothing more needed.	3
1	5/12/26	Youth		Staff held me back from LMA because they wanted me to do a cog packet. I am allotted the right to participate in LMA and I would like this resolved.	Closed	All juveniles are afforded 1 hour per day and 2 on weekends. If he held you back for safety and security concerns, then he is allowed to do so.	1
3	5/18/26	Youth		Juvenile was grabbed in the genitals by another group.	Closed	Followed up through PREA policy. PREA Compliance Manager conducted fact finding interviews to determine that the allegation did not meet the	0

						PREA definition prior to answering the grievance.	
3	5/20/26	Youth		In this situation, juvenile felt disrespected and mistreated, and put down as an attach to get power and control over me when my group leader called me selfish when I was standing up for myself and I feel that the treatment team is trying to control my family life by having me on speaker.	Closed	Processed that phone calls on speaker phone is not a rights violation.	2
3	5/23/26	Youth		My right for hygiene I feel was violated. In the past month and a half, I had around 10 cavities filled. I have a lot more that are close to cavities. I got told to floss two times a day. My group is refusing to let me do that.	Closed	Group were problem solving making better use of floss, so not to be wasteful. Plan seemed reasonable, but we did talk about allowing peers to request a floss pick when they need one.	4
3	6/10/26	Youth		Another peer in my group was caught masturbating in the shower so the group called them to session then the peer came out of the shower and was erected and then we pointed it out and the peer flashed the group and said "my dick is not hard." then proceeded to rub over his penis with his robe on and was yelling and calling people faggots, bitches, and telling us to shut the fuck up. As I'm writing this he saw that I was writing a grievance and asked for one so he is weaponizing them.	Closed	Handled through the group process. Will also follow up with cottage staff today. PREA Compliance Manager conducted fact finding interviews to determine that the allegation did not meet the PREA definition prior to answering the grievance.	0

*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 **28** appeals were received during Q4 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	2	0	26	0	0	0	28
SFY to date	7	0	74	0	4	0	85

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	-	4	21	19-36	30	-	2-6
DBH	-	-	-	-	-	-	-	-	-
Magellan	15	19	12	10	14	3-28	1-31	1 - 30	0-30
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 Q4

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
Magellan	1	4/3/26	Email	Medical Necessity	Closed	Previous Decision Overturned	4/6/26	3	No
Magellan	1	4/7/26	Fax	Medical Necessity	Closed	Previous Decision Overturned	5/4/26	27	No
Magellan	3	4/20/26	Fax	Medical Necessity	Closed	Previous Decision Overturned	4/21/26	1	No
Magellan	4	4/22/26	Fax	Medical Necessity	Closed	Previous Decision Upheld	5/1/26	9	No
Magellan	4	5/4/26	Email	Medical Necessity	Closed	Previous Decision Upheld	5/28/26	24	No
Magellan	1	5/5/26	Phone	Medical Necessity	Closed	Previous Decision Upheld	5/22/26	17	No
Magellan	3	5/12/26	Email	Medical Necessity	Closed	Previous Decision Upheld	5/23/26	1	No
Magellan	2	5/13/26	Email	Medical Necessity	Closed	Previous Decision Overturned	6/10/26	28	No
Magellan	7	5/28/26	Email	Medical Necessity	Closed	Previous Decision Upheld	6/3/26	6	No

Magellan	1	5/29/26	Phone	Medical Necessity	Closed	Previous Decision Upheld	6/1/26	3	No
Magellan	Out of State	5/4/26	Phone	Administrative	Closed	Previous Decision Upheld	6/3/26	30	No
Magellan	1	5/8/26	Email	Medical Necessity	Closed	Previous Decision Overturned	6/1/26	24	No
Magellan	6	6/12/26	Fax	Medical Necessity	Closed	Previous Decision Overturned	6/15/26	3	No
Magellan	4	6/15/26	Fax	Medical Necessity	Pending	N/A (Pending)			
Magellan	1	6/16/26	Email	Medical Necessity	Pending	N/A (Pending)			
Magellan	4	6/19/26	Email	Medical Necessity	Closed	Previous Decision Overturned	6/19/26	0	No
Magellan	3	6/22/26	Email	Medical Necessity	Closed	Previous Decision Upheld	6/25/26	3	No
Magellan	7	6/22/26	Email	Medical Necessity	Closed	Previous Decision Overturned	6/23/26	1	No
Magellan	2	6/22/26	Email	Medical Necessity	Closed	Previous Decision Overturned	6/23/26	1	No
Magellan	2	6/24/26	Phone	Medical Necessity	Pending	N/A (Pending)			

Magellan	3	6/24/26	Email	Medical Necessity	Closed	Previous Decision Overturned	6/25/26	1	No
Magellan	3	6/30/26	Email	Medical Necessity	Pending	N/A (Pending)			
Magellan	5	6/4/26	Email	Medical Necessity	Closed	Previous Decision Overturned	6/8/26	4	No
Magellan	2	6/4/26	Email	Medical Necessity	Closed	Previous Decision Upheld	6/5/26	1	No
Magellan	4	6/4/26	Email	Medical Necessity	Closed	Previous Decision Upheld	6/5/26	1	No
Magellan	3	6/9/26	Phone	Medical Necessity	Closed	Previous Decision Overturned	6/26/26	17	No
Medicaid	7	6/9/26	Email	Medical Necessity	Closed	Previous Decision Overturned	6/11/26	2	Yes
Medicaid	5	6/16/26	Email	Medical Necessity	Pending	Previous Decision Overturned	6/22/26	6	Resolved prior to State Fair Hearing

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.

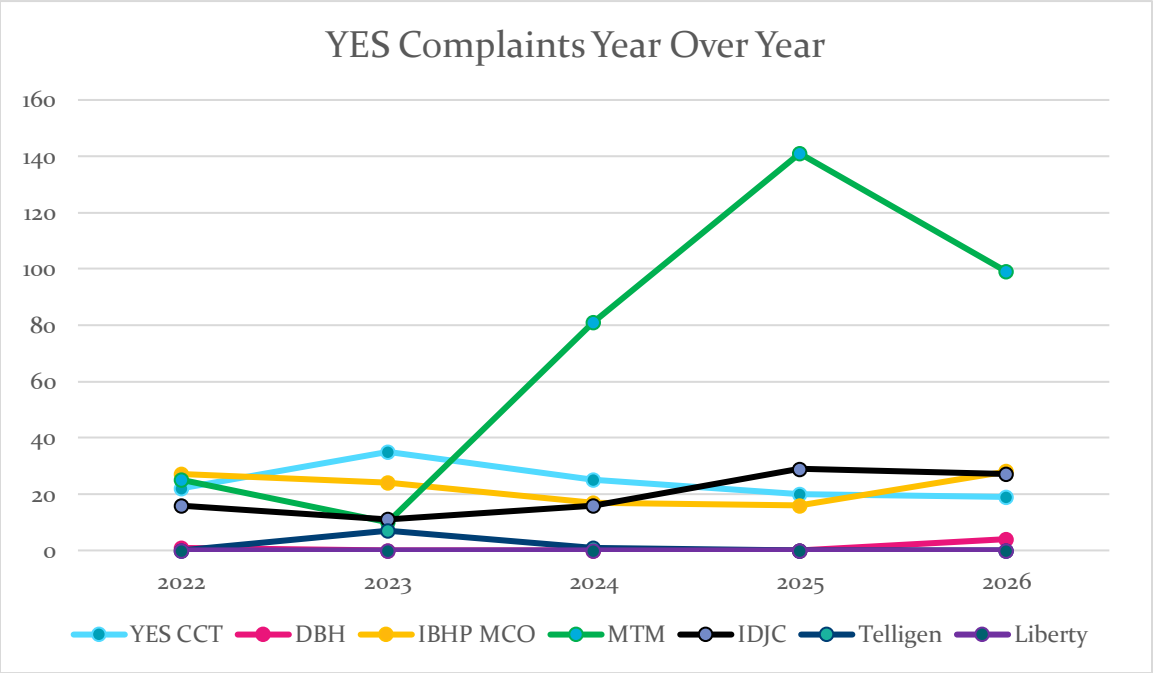

Table 14: YES Complaints compared across the years and current SFY to date.

YES Complaints Year Over Year Comparison					
	SFY22	SFY23	SFY24	SFY25	SFY26 to date
YES CCT (DHW)	22	35	25	20	19
DBH	1	0	0	0	4
IBHP MCO (Optum/Magellan)	27	24	17	16	28
MTM	25	10	81	141	99
IDJC	16	11	16	29	27
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.

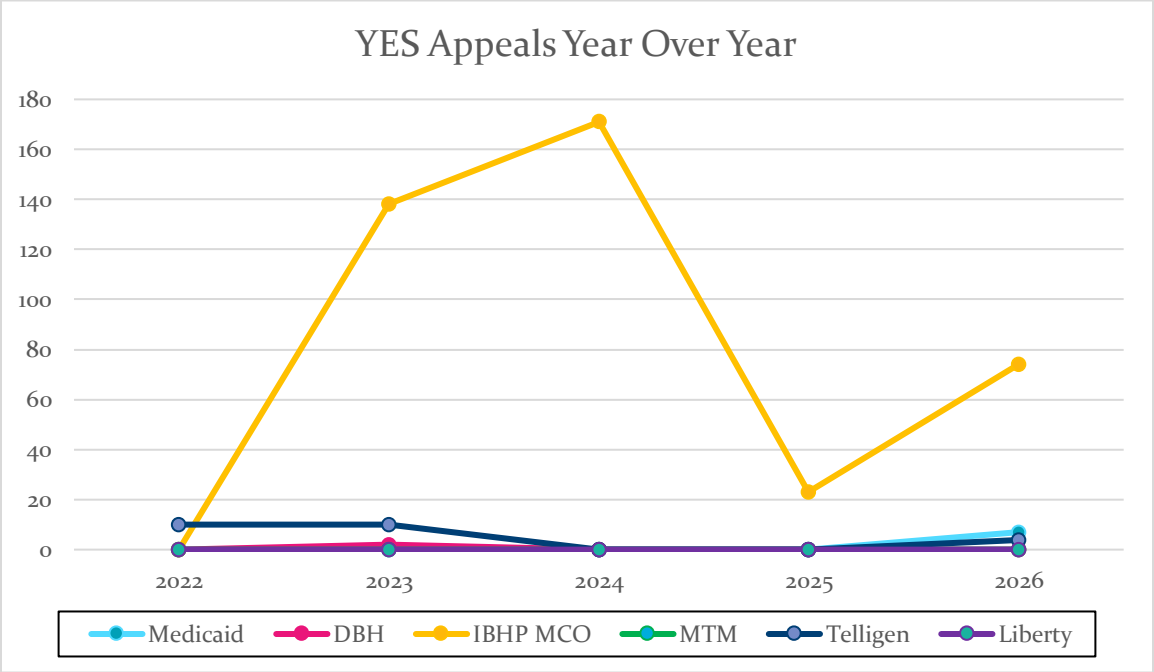

Table 15.: YES appeals year over year and current SFY to date

YES Appeals Year Over Year Comparison					
	SFY22	SFY23	SFY24	SFY25	SFY26 to date
Medicaid (Fair Hearing Request)	0	0	0	0	7
DBH	0	2	0	0	0
IBHP MCO (Optum/Magellan)	0	138	171	23	74
MTM	0	1	0	0	0
Telligen	10	10	0	N/A	4
Liberty	0	0	0	0	0