

YES Program Access and Services

Accessing the YES Program and Its Services

The YES Program is part of Idaho’s Behavioral Health System of Care for children and adolescents with Serious Emotional Disturbance (SED). This program is offered through Medicaid’s Idaho Behavioral Health Plan. It allows people under the age of 18 with SED to qualify for Medicaid with a higher household income and offers Respite as a Medicaid service. Members who enroll in the YES Program are required to have a Targeted Care Coordinator who is responsible for facilitating Child and Family Team meetings with the purpose of creating a person-centered service plan (PCSP).

Who is eligible for the YES Program?

Children under the age of 18 who have SED as determined by an independent assessment through Liberty Healthcare; are within the YES program income limits¹ determined by Idaho Health and Welfare (IDHW) who need access to Behavioral Health Care and Respite Services.

Option 1

Family does not have traditional Medicaid² and wants access to YES Program services.

or

Family does have traditional Medicaid but also wants access to Respite services.

Step 1: Have the family contact Liberty Healthcare at **1-877-305-3469** to schedule an independent assessment.

- Liberty Healthcare will determine if the member has a SED by performing a Comprehensive Diagnostic Assessment (CDA) and Child & Adolescent Needs and Strengths (CANS).
- Liberty Healthcare will provide the determination to Medicaid and the eligibility result is communicated by IDHW to the family.
 - » To check on eligibility, contact IDHW at **1-877-456-1233**.

Step 2: Member’s in the YES Program are required to work with a Targeted Care Coordinator.

- A list of **Targeted Care Coordination agencies** is available at optumidaho.com.
- Family is to contact a Targeted Care Coordinator to schedule an appointment for TCC services.
- If the child or youth is working with a Case Manager at Idaho Department of Health and Welfare, a Targeted Care Coordinator is not required.



Step 3: The Targeted Care Coordinator will work with the member and family to decide who needs to be involved in the Child and Family Team (CFT) to develop the PCSP. The CFT should include all treating providers, and is a billable service for network providers.

- The CANS drives the CFT meeting, which includes creation of a PCSP. Members may sign a consent to release CANS assessment results to other treating providers via the ICANS system.
- CFT includes collaboration with other treating providers to identify treatment goals and appropriate services.
- CFT and PCSP is driven by the member’s and family’s voice and choice.
- PCSPs must be updated at least annually or more frequently if the member/family requests it or whenever clinically indicated, such as by changes in the CANS.
- Important to have all providers since the CFT informs treatment planning and care.

Step 4: The Targeted Care Coordinator submits the PCSP to Optum Idaho for review to ensure it meets all Code of Federal Regulation (CFR) requirements (**42 CFR 441.540** and **441.725**).

Step 5: Provide medically necessary services.

- Services rendered should align with the goals and services identified in the completed PCSP.
- Coordinate with other treating providers and the family to determine who should do the CANS updates. Providers may consent to sharing of CANS results within the ICANS system.
- If necessary, services may be provided while the PCSP is being developed.

Step 6: Continue to participate in CFT meetings as clinically needed or as the family requests.

- Attend ongoing CFT meetings with the family and other treating providers to monitor and discuss progress.
- Help member and family work toward goals identified in PCSP, as measured by progress in the CANS. Help member and family make progress on goals identified in the PCSP, as measured by ongoing CANS assessment scores and CFT observations.

How Clients Access the YES Program

Option 2

Family already has traditional Medicaid and does not want Respite services.

Step 1: The member will receive a letter to go through the eligibility process. This process is managed by the member or member’s guardian.

- To appeal a denial for Medicaid eligibility, more information can be found on here:
<https://healthandwelfare.idaho.gov/services-programs/medicaid-health/apply-medicaid>

Step 2: Continue to provide medically necessary services.

Step 3: Coordinate with other treating providers and the family to determine who should do the CANS updates. Providers may consent to sharing of CANS results within the ICANS system.



Resources for Providers

IDHW Children's Mental Health Offices - 1-833-644-8296

YES - yes.idaho.gov or **YES Contact page** or **About YES**

Optum Idaho - optumidaho.com

Member Services is available at **1-855-202-0973** (or TDD/TTY services at **711** for the hearing impaired) if the member has questions or needs assistance locating a provider. Provider Services is available at **1-855-202-0983** if you have provider questions. You may also find these resources helpful: **Targeted Care Coordination** or **YES FAQs**.

Liberty Healthcare - 1-877-305-3469 for questions about the independent assessment.

¹ Families under 185% of Federal Poverty Guidelines who want Respite services or those with expanded income of 186-300% of Federal Poverty Guidelines.

² Traditional Medicaid is under 185% of Federal Poverty Guidelines; these families do not need to contact liberty. However traditional Medicaid families who want access to Respite services or families accessing services via expanded income of 186-300% of Federal Poverty Guidelines do need to contact Liberty.