



**Division of Developmental Disabilities (DDD)
District West Independent Oversight Committee (IOC)
Public Meeting Minutes Summary
Tuesday, Feb 22nd, 2022 – 5:30 PM to 7:30 PM**

Call to Order

This meeting is being held virtually due to the Coronavirus (COVID-19) concerns.

Meeting called to order by De Freedman. The date was Feb 22nd, 2022, at 5:35 pm. The address of the meeting was Virtual, no physical address.

Welcome and Introductions

- Attendance in Person: **None This meeting was virtual only due to COVID-19 concerns**
- Attendance by Google Meets unless noted: **Diedra (De) Freedman, Cynthia Macluskie, Brad Doyle, Pat Thundercloud**
- Absent: **Julie Heineking, Bernadine Henderson, Heidi Miller**
- Public in Attendance: **None**
- Arizona Department of Administration (ADOA): **Larry Allen (did not attend)**
- Healthcare Plan Liaison: **Summer Kamal, (Mercy Care) Karen Kramer, (UHCCP)**
- DDD staff and Guests: **Jeffrey Yamamoto (DDD IOC Liaison), Leah Gibbs (DDD IOFA Administrator), Delorah Grant (DDD Quality Manager), Diane Kress (DDD Quality Supervisor), Fredreaka Graham (AHCCCS IOC) Michelle Pollard (DDD NCI coordinator) Christina Hedges (DDD Community Outreach Coordinator)**
- The Committee, DDD staff and guest, United Healthcare and Mercy Care introduced themselves.
- The IOC make up in attendance: **De Freedman** is a former Lawyer, **Pat Thundercloud** is a retired Physician's Assistant, **Bernadine Henderson** is a former School Teacher and a current Foster Parent, **Cynthia Macluskie** is the President of the Greater Autism Society of AZ. **Brad Doyle** is a Parent and Advocate, **Heidi Miller** is a Parent and Advocate. All these members have children who have services with DDD

Call to Public

De Freedman: Called for public to announce themselves. No Public in session.

DDD Staff Updates

There may have been question(s) and vote(s) taken during this section and those are listed in the "Discussion and Voting on Request for DDD" section of these minutes.



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Leah Gibbs informed the Committee on the COVID numbers for the state from the DDD updates as of 2/15/2022.

- 46,778 members being served by DDD
 - 41,732 members are living in their own home/family home
 - 5,046 members are living in licensed facilities
- 6,460 members tested positive for COVID-19 (Difference from last month 1,230 cases)
 - 4,588 residing in their own/family home
 - 1,872 residing in licensed facilities
- 96 Member deaths attributed to COVID-19 (45 lived in a family/own home & 51 lived in licensed facilities) this month 6 members
- Tracking weekly counts moving to updated on Wednesday to align with DHS release of their numbers.

Leah Gibbs continued to update.

- DDD is participating in a vaccine event in Page Arizona with help from the Heath Plans. Also, events in Kingman and Show Low. Accommodations are being assured to all members. (Drive-thru, in office, comforting toys, time periods, etc.)
 - **De Freedman** wanted to acknowledge the HP in their efforts to vaccinate and keeping the mortality rates low for the DD population.
- DDD is keeping up with ADHS and CDC on guidance during the Public Health Emergency. Qualified Vendors have updated their policies for members living in their facilities to the most recent guidelines.
- Postings for “Public Comment” on the DDD website are available for Article 10,11, Article 15, and Article 21 at this site. There are several other postings available at this site. <https://des.az.gov/services/disabilities/developmental-disabilities/policies-and-rules>
 - New Possible service Licensed Health Aid policy to come to “Public Comment” soon
 - Behavioral Health Residential Facilities Policies to come to “Public Comment” soon
 - **De Freeman** asked if it is dealing with SMI or DDD Behavioral homes or for both and who oversees the home. **Leah Gibbs** answered she was not sure, but it would be collaborative with the HP and DDD and asked De to read the public comment and make her input. De also asked about the oversight specifically with these homes and where the IOC may be involved. Leah responded to make sure to ask that question if the proposal doesn’t include it.
 - Claims Processing Policy to come to “Public Comment” soon
 - Tribal Health Program Fee for Service is also having some changes
 - **De Freeman** asked what the changes to their plan was. **Leah Gibbs** answered that the providers involved will now streamline with only one agency(AHCCCS) to get their physical and behavioral health needs met. No longer must navigate two systems for the providers with differing



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authorizations. This will hopefully translate to a larger group of vendors the members can choose from.

- Qualified Vendor Agencies (QVA) agreement to include Habilitation Enhanced Behavioral Group Home is up for “Public Comment” at a different site.
<https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers/qualified-vendor-agreement-qva-public-comment>
- Beginning April 1st DDD Support Coordination is allowing the members to decide whether they would like face to face meetings or continue with virtual meetings for their interactions.
- Town Hall meeting March 3rd at 6pm -8pm. AHCCCS will be the guest speaker.

Cynthia Macluskie asked Leah about some questions she had posed to her offline from the meeting.

Leah Gibbs answered her 3 questions that were asked from her.

- Crisis has had 2 teams, a D1 and a D2 team for crisis response. They have eliminated the D2 team, why?
 - Leah said Dr. Arnold responded from Mercy Care with D1 is still in place and the D2 team was renamed the Developmental Behavior Support (DBS) and works as an outpatient coaching service attached to the Outpatient Children Services in the East Valley. Both Children and Adults are served by this team and run by Terros. Dr. Arnold will follow up with this to make sure all the information is current and its Valley wide. **Summer Kamal** (MC) was asked to verify, and she did state that the information was correct as she knows it but will also check.
- Terros stated that DDD has been denying FBA and ABA authorizations for Group home members in 2018. Is this true or not.
 - Leah said Dr. Arnold responded that this is not correct. This does not match the current Health Plan contract with the Functional Behavioral Analysis does not require a prior authorization. A prior authorization is need by the Health Plans for ongoing behavioral analysis after the assessment is needed. However, the use of the prior authorization is to track use of the service and DDD is not aware of any denials of the services. **Leah Gibbs** stated that if the IOC knows of any specific denials, then please let her know so that it can be addressed. She also stated that Dr. Arnold will be talking with Terros on their contract obligations and has sent notifications to the field to report back any members who were told they were on a wait list for services.
- Does DDD track the amount of crisis call made to private homes versus group home. Terros does not.
 - Leah said Dr. Arnold responded that that was an outstanding question but currently DDD is not tracking the numbers of crisis calls and separating them out by private and group homes. Dr. Arnold will be reaching out to the Crisis agencies to see if they could



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include a field in their reporting of where the crisis occurred in private residence or a group home.

- Leah stated that Dr. Arnold would be happy to attend any IOC meeting with the idea that she would already have the questions to be asked ahead of time so she could research the answer first.
 - **De Freedman** asked if Christina Hedges or Leah would invite the BH advocates and/or Dr. Arnold to the next meeting. **Leah Gibbs** responded they could.
 - **De Freedman** asked what role the Behavior Health Advocate is doing for DDD members. **Leah Gibbs** said that Christina Hedges will do her presentation to explain.

Christina Hedges introduced herself and began her presentation on Behavior Health

Office of Individual and Family Affairs

Behavioral Health Advocacy





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Welcome

DDD Office of Individual and Family Affairs

Behavioral Health Advocates



Kim Foy
Child Advocate

Ebony Atkinson
Adult Advocate

AGENDA

1

Purpose

2

Submitting a Referral

3

Advocacy Process

4

Working Together

5

Q&A



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Purpose of Behavioral Health Advocates within the Office of Individual and Family Affairs



The Importance of Advocacy

- The Advocate's role is to offer independent support to members and families who feel they are not being heard, ensuring they are taken seriously and that their rights are respected.
- The Advocate does not represent her/his own views but amplifies that of the person they are supporting.
- Advocates offer support and guidance to assist members and their families to be empowered by having their voices heard and sharing in decisions regarding their health.



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A photograph showing several hands of different skin tones clasped together in a supportive grip. A semi-transparent text box is overlaid on the right side of the image.

Behavioral Health Advocacy

The Behavioral Health Advocates work closely with the Support Coordinator and the Planning Team to ensure the **member's and their family's** voice and choices are being heard and barriers are being resolved so behavioral health needs are met.

When and How to
Submit a Behavioral
Health Advocate Referral





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Before Submitting a Referral

- It is important to note that the Support Coordinator should always serve as the first line of advocacy
 - When a higher and/or different level of advocacy is needed a referral should be made
- A referral for an Advocate can be made at any time when a need for an Advocate has been identified
- Referrals are most often submitted by Support Coordinators, but may also come from parents, the community engagement team, first responders, law enforcement and customer service
- If other DDD areas such as the Behavioral Health Administration, Nursing, or Network identify a need for an Advocate, they can discuss the need with the Support Coordinator or reach out the Advocacy mailbox for guidance

When to Make an Advocate Referral

- Member is exhibiting symptoms of a possible behavioral health disorder and may be in need of behavioral health services.
- Member is diagnosed with a behavioral health disorder.



In addition, any of the following circumstances exist:

The member or responsible person:

1. Feels her/his voice is not being heard or her/his choice is not being respected regarding their behavioral health service needs.
2. Feels she/he is not actively involved in the service planning process.
3. Has limitations in the ability to communicate her/his behavioral health needs.
4. Is unable or does not know how to advocate for her/himself and would benefit from advocacy services.
5. May need assistance in navigating the behavioral health or other service systems of care.
6. May need assistance in understanding the behavioral health grievance process.



Member or responsible person must be willing to accept the assistance from an Advocate.

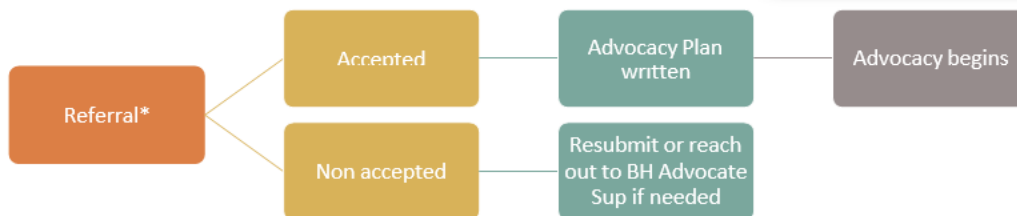


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**Behavioral Health
Advocate Review Process
and Advocacy Plan**



The Process



*In general, adults are assigned to Ebony and children are assigned to Kim. However, the supervisor may use discretion when assigning an advocate for various reasons such as caseload size.



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Behavioral Health Advocacy Plan – DDD-2092A

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities
DDD BEHAVIORAL HEALTH ADVOCACY PLAN

INSTRUCTIONS
The DDD Behavioral Health (BH) Advocate will develop the Advocacy Plan with the member or responsible person. The completed Advocacy Plan will be emailed to the member's Support Coordinator so she/he will be able to attach the plan to the member's Planning Document.

SECTION I. MEMBER INFORMATION

Member Name (Last, First, M.I.): _____ ARCCCS ID: _____ Member's Date of Birth: _____

Support Coordinator: _____ Behavioral Health Advocate Name: _____

BH Advocate Assignment Start Date: _____ BH Advocate Assignment End Date: _____

BH Advocate Projected End Date: _____

SECTION II. BEHAVIORAL HEALTH ADVOCACY GOALS AND ACTION PLAN

Behavioral Health Advocacy Goals:

See page 2 for EEO/ADA disclosures

DDD-BHA-FORM (2-21) Page 3 of 3

No.	Action to be Taken	Person Responsible	Due Date (Target)	Completed? (Yes or No)	Comments
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Equal Opportunity Employer / Program - Auxiliary aids and services are available upon request to individuals with disabilities - To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-771-2893, TTY: 602-771-2893. 7-1-1 - Disponible en español en línea o en la oficina local

- The plan is emailed to Support Coordinator – member/responsible party can request a copy as well
- Focus progress note is written outlining that the advocacy plan was developed and forwarded to the Support Coordinator

Working Together
Roles and Responsibilities of Behavioral Health Advocates





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BH Advocate Roles/Responsibilities

- Develop the Advocacy Plan.
- Complete action items, such as assisting with navigating the behavioral health system.
- Work with the member to meet behavioral health needs
- Build relationships and knowledge of community resources.
- Record contacts in Focus progress notes.
- Notify Support Coordinator when member's Advocacy services have concluded.
- Maintain effective communication with member, their family, and the Support Coordinator.

BH Advocates

- Assist **member and/or responsible person** in navigating BH system
- Assist member and/or responsible person in understanding grievance process
- Ensure member and/or responsible person are actively involved in decision making
- Attend Individual Education Planning, and other meetings

Complex Care Specialist

- Assist **Support Coordinator** in navigating BH system
- Assistance with gathering behavioral health clinical documentation to support the team making informed clinical decisions
- Ability to escalate cases for second opinions, appeals, peer to peer consults

Both

- Attend Child & Family Teams, Adult Recovery Teams, staffings
- Assist in removing barriers within BH system
- Provide information around BH topics such as services, placements, discharge planning to aide in decision making



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Any questions?

Behavioral Health Advocates Contact Info:

Adult Advocate

Ebony Atkinson
602-542-5284
ebonyatkinson@azdes.gov

Supervisor

Christina Hedges
480-521-4831
chedges@azdes.gov

Child Advocate

Kim Foy
480-261-3652
kfoy@azdes.gov

Christina Hedges asked if there were any questions

- **De Freedman** asked why there were no references to the PRC meetings in the presentation.
 - **Leah Gibbs** answered the BH Advocates can attend any PRC meeting. It's more member specific if they are being asked to participate.



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- **Christina Hedges** informed the committee that the advocates are currently serving around 55 members in their role.
- **De Freedman** asked to be put on the record that, what was presented, the BH Advocate is not a true Advocate but a system navigator.
 - **Leah Gibbs** said she disagrees that what they do is not an Advocate and would like to hear about why De feels that what they do is not advocacy offline.
 - **De Freedman** responded that they are not independently helping the member but waiting only on requests from the member. They are not putting the member first but the institution and bureaucracy.
 - **Leah** asked to have a conversation offline to discuss. **De Freeman** agreed.

NCI Coordinator Presentation

Michelle Pollard introduced herself and presented.





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National Core Indicators (NCI-IDD)

What is National Core Indicators (NCI)?



Five Surveys included in NCI-IDD

- Member Survey
 - In-Person Survey (IPS)
- Family Surveys
 - Adult Family Survey (AFS)
 - Child Family Survey (CFS)
 - Family Guardian Survey (FGS)
- Provider Survey
 - Staff Stability Survey (SSS)



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What are NCI Domains & Sub-Domains?

- Individual Outcomes - DOMAIN
 - Employment
 - Community Inclusion and Belonging
 - Community Participation
 - Choice and Decision-Making
 - Relationships
 - Satisfaction
- System Performance - DOMAIN
 - Self-Direction
 - Service Coordination
 - Workforce (NEW)
 - Access
- Health/Wellness/Rights - DOMAIN
 - Safety
 - Health
 - Medication
 - Wellness
 - Rights & Respect

What are NCI Domains & Sub-Domains?

- Family Experience – DOMAIN
 - Information and Planning
 - Access and Support Delivery
 - Workforce (NEW)
 - Choice and Decision-Making
 - Community Connections
 - Health, Welfare and Safety (NEW)
 - Family Satisfaction

Note: The family indicators can be used to assess how well the public system supports and assists the families of children and adults receiving services from the state DD agency to exercise choice and control in their decision-making, participate in their communities, and maintain family relationships, among other critical life areas.



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NCI Mentioned in ARPA Spending Plan

The [Home and Community Based Services Enhanced Federal Match](#) provision allows states to supplement, not supplant, existing funding. States must submit initial HCBS spending plans to CMS by July 12, 2021, to meet federal guidance and timelines.

Services Eligible to Claim the ARPA 10 Percent FMAP Increase

- Rehabilitative Services (including mental health and substance use disorder services)
- Private Duty Nursing
- Alternative Benefit Plans
- Home Health Care
- Personal Care Services
- Self-Directed Personal Care Services
- Case Management
- School Based Services

The funding is short-term and must be spent by March 31, 2024 (3 years). These efforts cannot negatively impact current HCBS; it can only add programs, services, and activities that are completed by March 2024 or have an additional plan for funding or sustainability beyond March 2024.

ARPA Preprint Measures: DDD Recommendations

1. Average turnover rate for Direct Service Professional
SOURCE - National Core Indicators - Staff Stability Survey
2. Percentage of vendors using pay incentives or referral bonus programs
SOURCE - National Core Indicators - Staff Stability Survey
3. Percentage of vendors using Direct Service Professionals career ladder to retain highly skilled workers
SOURCE - National Core Indicators - Staff Stability Survey
4. Percentage of families being serviced by support workers who have the right skills to meet the needs
SOURCE - National Core Indicators – In Person [Member] and Family Surveys
5. Percentage of members who are receiving services that help lead to a good life
SOURCE - National Core Indicators – Family Surveys Only



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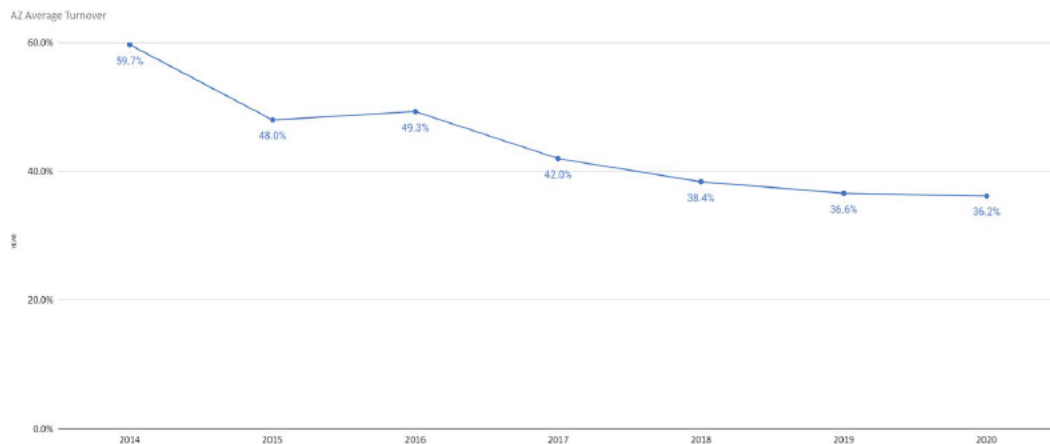
ARPA Preprint Measures: AHCCCS Selected

1. Average turnover rate for Direct Service Professional
SOURCE - National Core Indicators - Staff Stability Survey
2. Percentage of families being serviced by support workers who have the right skills to meet the needs
SOURCE - National Core Indicators – In Person [Member] and Family Surveys
3. Percentage of members who are receiving services that help lead to a good life
SOURCE - National Core Indicators – Family Surveys **Only**

**ARPA Measure #1: AHCCCS Selected

Staff Stability Survey

INDICATOR: Average turnover rate for Direct Service Professional





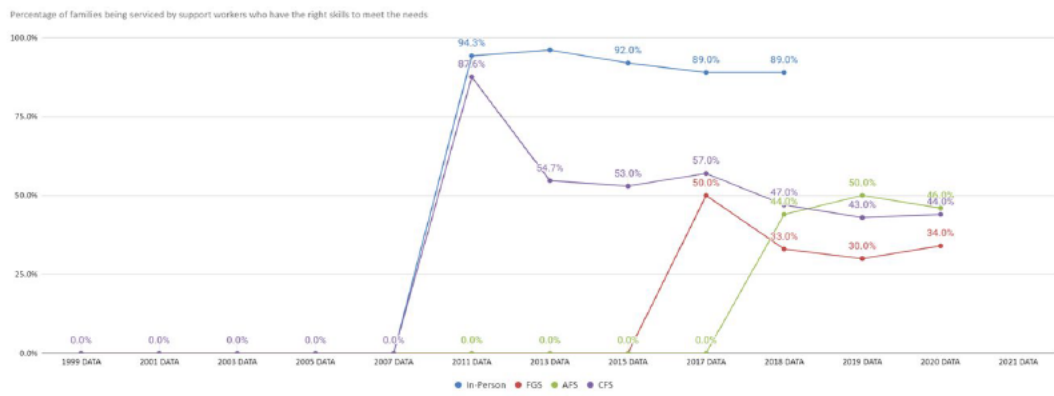
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**ARPA Measure #2: AHCCCS Selected

IPS DOMAIN: System Performance

SUB-DOMAIN: Workforce

IPS INDICATOR: The percentage of people who report that their support staff have the right training to meet their need

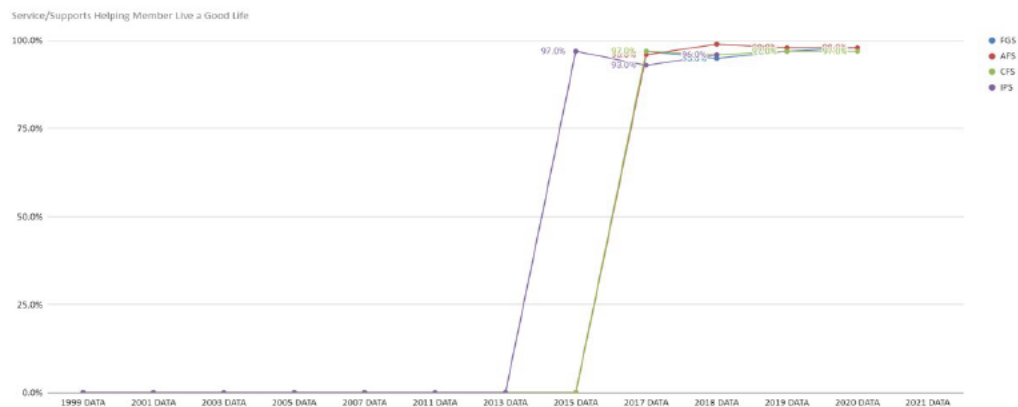


**ARPA Measure #3: AHCCCS Selected

FAMILY DOMAIN: Family Experience

SUB-DOMAIN: Family Satisfaction

FAMILY INDICATOR: The percentage of family respondents who report that services and supports are helping their family member to live a good life ****FAMILY SURVEYS ONLY****





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NCI and Medicaid Adult Core Set

Three Measures included in the public Adult Core Set reports for 2020-2021

Purpose: The results of each of these measures provide important information in the delivery of person centered supports to the ID/DD population within Home and Community Based services.

Measure (Question Number*)
Choice and Decision-Making Domain Life Decisions Scale (Composite Measure: NCI 78, 79, 84, 85, 88)
Choice and Decision-Making Domain Everyday Choices Scale (Composite Measure: NCI 80, 82, 86)
Access Domain The proportion of people who reported they always have a way to get places when they need to go somewhere (NCI 55)

Measure (Question Number*)

Choice and Decision-Making Domain

Life Decisions Scale

Composite Measures:

- **NCI 78** - Who chose (or picked) the place where you live? (Did you help pick the place where you live?)
- **NCI 79** - Did you choose (or pick) the people you live with (or did you choose to live by yourself)? (Did anyone ask who you'd like to live with? Were you given choices? Did you get to interview people?)
- **NCI 84** - Who chose (or picked) the place you work? (Did you help make the choice?)(Did you choose to work at _____?)
- **NCI 85** - Who chose (or picked) your day program or workshop? (Did you help make the choice?)(Did you choose to work at _____?)
- **NCI 88** - Do you choose (or pick) your staff? (Do you get to interview them? Did you get to meet different people or was someone assigned to you? Could you ask to change to someone different?) (Did you choose _____ to work with you?)



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Measure (Question Number*)

Choice and Decision-Making Domain

Everyday Choices Scale

Composite Measures:

NCI 80 - Who decides your daily schedule (like when to get up, when to eat, when to go to sleep)?

NCI 82 - Who decides how you spend your free time (when you are not working, in school, or at the day program)?

NCI 86 - Do you choose what you buy with your spending money? (Do not include things like rent or groceries.)

Measure (Question Number*)

Access Domain

The proportion of people who reported they always have a way to get places when they need to go somewhere

NCI 55 - Do you have a way to get places you need to go (like work, appointments, etc.)? (Can you get a ride when you need one?)



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AHCCCS Equality Through Choice (etc.)

Home and Community Based Settings (HCBS) Rules

- The purpose of the HCBS Rules is to ensure individuals receiving HCBS are integrated into their communities and have full access to the benefits of community living.
- These new requirements, from the Centers for Medicare and Medicaid Services (CMS), impact individuals receiving services in residential and non-residential settings such as assisted living facilities, group homes, adult day health, day treatment and training, center-based employment programs, etc.
- All service settings must come into compliance by March 2023.
- For more information on the HCBS Rules and the requirements for State Medicaid programs, please visit the [CMS Website](#).

AHCCCS Equality Through Choice (etc.)

HCBS Provider Training

- **Part 1: HCBS Rules Overview**
 - Described the HCBS Rules including specific person-centered practices for provider compliance.
 - Outlined the quality monitoring process and timeline, and
 - Provided an overview of the forthcoming education and technical assistance resources available to providers.
- **Part 2: Provider Self-Assessment Tool Training**
 - Familiarized participants with the tools and their intended use.
 - Trained participants in how to complete self-assessment, and
 - Provided an overview of the forthcoming education and technical assistance resources available to providers.



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AHCCCS Equality Through Choice (etc.)

- Part 3: HCBS Rules Assessments Reimagined in a COVID-19 World
 - Provide an overview of the HCBS Rules and what they look like on a day-to-day basis,
 - Provide an orientation to the provider-self assessment including examples of documentation sources or evidence of compliance,
 - Outline the changes to the provider assessments for compliance as a result of COVID-19,
 - Provide an orientation to the new COVID-19 Transition Plan component of the provider self-assessments, and
 - Present a timeline for provider compliance and health plan quality monitoring visits to assess compliance including what providers can expect when they receive a notice about the health plan's assessment.

AHCCCS Equality Through Choice (etc.)

- Part 4: Implementation in Employment, Residential & Program Settings
 - Refresher on the intent of the HCBS Rules
 - Overview of HCBS Rules in practice
 - Overview of the quality monitoring assessment and process
 - Facilitated brainstorming and discussion session
 - Providers shared with peers about changing business practices they have employed to align with specific person-centered practices required by the HCBS Rules, and
 - Providers shared some of the challenges they have experienced and brainstormed solutions with peers



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Helpful Links

- American Rescue Plan Allocation
<https://www.azahcccs.gov/AHCCCS/Initiatives/ARPA/index.html>
- Medicaid Adult Core Set
<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-health-care-quality-measures/index.html>
- AHCCCS Home and Community Based Settings (HCBS) Rules
<https://www.azahcccs.gov/shared/HCBS/>
30-DAY PUBLIC COMMENT AS OF FEBRUARY 11, 2022
- National Core Indicators
<https://www.nationalcoreindicators.org/>
- DDD NCI Surveys Email Address
NCISurveys@azdes.gov





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Michelle Pollard asked for questions.

- De Freedman asked about the use of the “Social Determinates of Health” that was being developed by DDD, NCI and the HP is it being used. De is assuming that the no one is using it. Michelle believes that the Health Plans are not using it. DDD is still transitioning to it.
- Both Health Plans will go back to their leadership to find out how much the Social Determinants of Health is being utilized in their assessments and work.

ADOA Update

Larry Allen emailed the chair and the liaison that he had nothing to update.

Health Plans (HP) updates

There may have been question(s) and vote(s) taken during this section and those are listed in the “Discussion and Voting on Request for DDD” section of these minutes.

Karen Kramer (from United Health Care) has two updates. Two Documents to “How to utilize crisis services” and “What to expect afterwards” both awaiting final approval from DDD and AHCCCS.

Summer Kamal (From Mercy Care) also stated that Mercy Care continue to track COVID numbers and in home vaccinations. They are participating in the North District vaccine events. Traveling ABA units to help those not in serviced regions.

Summer Kamal did respond to Cynthia’s question that she would like to be informed if members are having difficulties in receiving care. She works closely with DDD OIFA but can be reach directly also.

Cynthia Macluskie had 15 questions concerning the Alternate and Augmentative Communications device for DDD members but will wait for the next meeting. Suggested to send the questions prior to the HPs. She asked for their email addresses. They complied. She added the question on “First Place Transition” program for each HP to get information on their programs.

De Freedman informed the committee that the DDD Health Plan liaisons are listed in the DDD website in the Health Plan portion.

Discussion and Voting on Request from DDD



**Division of Developmental Disabilities (DDD)
District West Independent Oversight Committee (IOC)
Public Meeting Minutes Summary
Tuesday, Feb 22nd, 2022 – 5:30 PM to 7:30 PM**

There may have been question(s) and vote(s) taken during this section and those are listed in the “Discussion and Voting on Request for DDD” section of these minutes.

De Freedman asked if there were any questions/answers they were waiting for?

Jeffrey Yamamoto informed her that they were not waiting for any questions.

DDD IOC Liaison Updates

There may have been question(s) and vote(s) taken during this section and those are listed in the “Discussion and Voting on Request for DDD” section of these minutes.

Jeffrey Yamamoto began by informing the committee that He will be the only liaison after Friday until a new one is hired and trained. Severely understaffed for the next month. Redactions will be later in coming to the shared drive.

Delorah Grant asked if the committee wanted to get an update from DDD Quality. The committee apologized for skipping her and allowed her to update the committee. Delorah informed the committee that Quality is working with the Vendors to input their incidents a specific way to avoid the use of Personal Identifiable Information (PII) in their incident reporting. This will help later in the transition into the AHCCCS portal. There has been a drastic reduction in COVID numbers.

- De Freedman asked if the change of AHCCCS portal is going to affect the IOC Incident Report. Delorah did not know but did respond she will investigate it for the next meeting.
- De Freedman also asked if the Incident report is standardized, and the reports are public. Again, Delorah did not know and will investigate for next meeting. Delorah informed De that all incidents are a copy and paste of actual incident.
- De Freedman asked if the AHCCCS portal is a true database and reporting is selectable. Delorah said that it will be more reportable.

Discussion of Membership for the IOC

There may have been question(s) and vote(s) taken during this section and those are listed in the “Discussion and Voting on Request for DDD” section of these minutes.

De Freedman informed the committee that Jeffrey had received an email from Heidi (newest IOC member) has many things going on and couldn't make the meeting.

De Freedman asked if the new Volunteer Coordinator started on Monday.

Jeffrey Yamamoto informed her that she doesn't start until Thursday.



**Division of Developmental Disabilities (DDD)
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De Freedman asked to invite her for the next meeting. The committee would like to know if there is a plan to get more volunteers to the committees. He agreed to do so.

Jeffrey Yamamoto informed the committee that there are no new potential members in the system

Discussion of Incident Reports (IR) & Behavior Plans (BP)

There may have been question(s) and vote(s) taken during this section and those are listed in the “Discussion and Voting on Request for DDD” section of these minutes.

Jeffrey Yamamoto: Discussion of Behavior Plans on the Shared Drive.

For Jan IRs, the Committee members have been given weekly the past months of incident reports in the Shared Drive. The reported IRs are listed below. **Total= 728 Open= 41 Closed= 7687**

Jan 2021

Type	Open	Closed
Accidental Injury	0	91
Consumer Missing	5	12
Deaths	2	9
Emergency Measures	1	15
Human Rights	0	14
Legal	4	0
Medication Errors	0	62
Neglect	23	113
Other Abuse	3	19
Other Behavior	1	198
Other Hospitalization, Unknown injury	0	112
Physical Abuse	2	38
Property Damage	0	3
Suicide	0	1
TOTALS	41	687

The IRs will be reviewed by the committee members.

Number of Questions for QIM: members of the committee will comment on incident reports directly and the liaison will send to QIM.

All PRC meetings are being attended by Bernadine Henderson and Pat Thundercloud.

Number of Behavior Plans turned in by IOC Members: 0



**Division of Developmental Disabilities (DDD)
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The Program Review Committee (PRC): None.

Adjournment

De Freedman adjourned the meeting at 7:37 pm

The next District West IOC meeting will be held on Tuesday March 22nd, 2022, at 5:30 pm. Will be virtual meeting should COVID-19 concerns still be in effect.