



**Division of Developmental Disabilities (DDD)  
District Central Independent Oversight Committee (IOC)  
Public Meeting Minutes Summary  
Monday, January 24, 2022 – 10:00 AM to 12:00 PM**

**Call to Order**

Meeting called to order by Committee Chairperson, **Karen Van Epps**. The date is January 24, 2022, at 10:03 am. **The meeting took place Virtually due to COVID-19**. Physical location when meetings resume in person will be at 4400 N Central Ave, Ste (to be determined) Phoenix, AZ 85012.

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**Welcome and Introductions**

Attendance Virtually:

- **Karen Van Epps**
- **Sherry Wilhelmi**
- **Eva Hamant**
- **Linda Mecham**
- **Carol McNulty**
- **Mandy Herman**
- **Marlene Riggs**
- **Lisa Witt**

Attendance by Phone:

- **Edurda Yates**

Absent:

- **Andrea Potosky**
- **Debbie Stapley**

Public in Attendance:

- **Carolyn Willmer**

Health Plan Liaisons:

- **Karen Kramer (UnitedHealthcare)**
- **Vera Kramarchuk (Mercy Care)**

ADOA:

- **Larry Allen**



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DDD:

- **Octavia Lamb** (IOC Liaison)
- **Patricia Sandino** (District Central PRC Chairperson)
- **Lori Vaccaro** (Executive Assistant to the Chief Medical Officer)
- **Megan Dougherty** (District Central Program Manager)
- **James Maio** (District Central Quality Improvement Supervisor)
- **Anthony Dekker** (DDD Chief Medical Officer)

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**Call to Public**

**Carolyn Willmer** Introduced herself and stated why she is interested in joining the IOC. She has been working for Head start, she will be retiring soon, she would like to stay busy, and she had a few family members that were disabled and would like to be a voice for them.

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**Updates from the Statewide Meeting**

**Linda Mecham** provided an update on what was discussed at the January Statewide meeting Topics that were discussed was Abuse & Neglect training (she felt that nothing was addressed regarding their concerns. There were many concerns from other IOC members regarding the committee's concerns), Other topics that were discussed were direct care worker pay, introduction of new PRC staff and the new BTP template, and Person-Centered Service Plan presented by Jen Myler.

**Karen Van Epps** expressed her concerns with the statewide Agenda and that it had nothing to do with IoC's and too much of DDD updates. The other IOCs had no clue on what had been going on with the Abuse & Neglect training and felt that District Central is standing alone in the concerns with the training.

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**Pain Scale recommendations- Dr. Anthony Dekker**

**Dr. Dekker** went over a pain scale that were presented to him by the committee and his suggested pain scales for the committee. The FLACC scale which means Face, Legs activity, Cry, and console ability. Evaluating pain is very difficult process in the entire population, even with the adult full functioning population. You have this scale, and the doctor asks what's your pain level a day and if you say a 6, 3 or 9 there is no reproducibility from person to person and there is no reproducibility in the same person at a different time. If you add on communication issues either receptive or expressive communication and this becomes an issue. He looked up Dr. Melvia who is the author of the FLACC pain scale, and he broke down how to assess for pain from this pain scale. If a member has good expressive skills, they can understand what they are being asked of them a regular pain



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scale 0-10 is okay to use. The FLACC scale it is a reasonable scale for people with intellectual impairment, and for those who have receptive and expressive communication problems. Being aware of a patient helps the people around them know what they truly need when it comes to pain. They don't want a situation to ever be where the service coordinator that is not a medical professional to give a medical diagnosis. They do not want people in pain unnecessarily. They do not want people in severe pain for long extended periods of time. 52,000 people last year had liver failure due to Tylenol. There is not a lot of medication interventions that can be used on a regular basis including opioids. They do want to make sure that staff is fully aware of pain. FLACC is great to use but if you have higher functioning members it is okay to use the regular pain scale, but they are not as good as function.

**Sherry Wilhelmi** explained to Dr. Dekker the reason why they ask to have him join the committee meeting. She explained a situation with a set of quadruplets who was in pain.

**Dr. Dekker** stated he wants to make sure that there is an educational experience between the provider of record and the nurse practitioners are fully licensed in the state of Arizona. Treating pain is not an inappropriate order. All members have PCP's for a reason, there is the compacity for behavior intervention for every member and there should be some kind of staffing that goes over these kind of situations.

**Sherry Wilhelmi** stated that this is why the issue is very important because there is no tool available to diagnosis for pain.

**Dr. Dekker** stated that the goal is you never make a decision regarding a patient concerning pain or behavioral health and have a static situation. It is always how a patient responds. If they are low functioning that is what the FLACC is for. FLACC is a great tool for low functioning individuals. FACES is a great tool to use for individuals that are Kindergarten to 12 years-old, and 0-10 scale can be used for those that are teens and up.

**Dr. Dekker** stated that the division needs to have a reservoir of staff that are tuned into DDD members and that is one of the things he plans on doing. He is committed to making sure leadership is stable and is committed to the DDD population.

**Dr. Dekker** stated that he will put something together for the committee to review at the next meeting.

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### **Abuse & Neglect Training Update**

**Lina Mecham** provided an update to the IOC's and to Dr. Dekker the concerns that they have been having with this training and how they have elevated it to Zane Garcia-Ramadan. She explained to



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Dr. Dekker how this training came to be, when it was implemented and how it has impacted DDD members and their families.

**Sherry Wilhelmi** expressed her concerns about the slides being inappropriate from DDD members to view because of their cognitive compacity to understand what they are being trained on because members view this as a trigger to do the things they see, have a behavior because of an experience they went through, or they do not understand it is wrong.

**Dr. Anthony Dekker** asked does this training take into consideration the intellectual compacity of the individual members?

A: No, it does not

**Linda Mecham** stated that the curriculum is a must

**Sherry Wilhelmi** stated that they are asking for tracking and pre-teaching for this training and the division will not listen to them.

**Linda Mecham** stated that the other concern is that they do not know who is teaching this and if a member is attending a DTA and a group home then the training is being presented at the DTA and the question that the committee had, is there a psychiatrist or behavioral health specialist available in case any of this produces a PTSD effect, the answer was No, and all they are tracking is who has taken it and who has not, they are not even tracking if there has been a decrease in abuse and neglect.

**Dr Dekker** stated he thought that behavioral health services were available with just a call to the PCP. If members are experiencing acting out behavior or behaviors that are inappropriate from a member than it needs to be addressed. Also, he will look at the materials sent to him and will look at the standingpoint of who is teaching the training and how does the division manage responses from the individual members and the parents.

**Lisa Witt** asked who developed the training?

**Linda Mecham** responded with the training was developed in the state of Massachusetts and it was approved for DDD members by the ADDAC because the person representing individuals with disabilities said it was a good curriculum.

**Lisa Witt** asked was Raising Special Needs involved in the review or were they ever involved in this?

**Linda Mecham** responded with it was never reviewed the only thing that was put out for public comment was a summary of the training. Not an exact copy of the material. They next step is writing a letter to the DES director. All they are asking is pulling off the material until it is thoroughly reviewed and see if it is appropriate for DDD members. It they are going to continue to teach this material at least have psychiatric involved.



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**Carol McNulty** stated that this is supposed to be about abuse and neglect and empowering the individual and the other problem is if the training is done in the group homes the staff that are presenting the training are many times the ones that probably abused already.

**Linda Mecham** asked was a summary ok to post for public comment instead of the entire document.

**Larry Allen** responded that he was not able to locate in policy that it is not okay to submit a summary.

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### **Article 9/Policy Updates**

**Linda Mecham** provided an update on where Article 9 is standing. They have reviewed the comments internally, not the Attorney Generals but the internal partners. What she has walked away with is a few committee members from this workgroup are trying to monitor in the family home.

**James Maio** stated that he spoke to Chris Deer and they will be removing that (monitoring in the family home) out of Article 9 because there is no way to enforce the rule outside of a residential or DTS program.

**Linda Mecham** moving forward said it has been emphasized the importance of keeping it to its true form, keeping it as much of the old Article 9 and even with the policy they were trying to do some monitoring in the home and her response is unless there are paid services being received in the home DDD cannot monitor and even if it is a HCBS paid service that is the responsibility of the provider agency, because it is part of their contract.

**Linda Mecham** stated that they are writing policy right now and they have a meeting every Tuesday, reviewing the policy and the language in it and the goal is to have the policies and Article 9 go out at the same time, which is projected sometime after the end of April.

**James Maio** stated that Chris Deer is now the policy administrator so if anyone has questions about any policies, he will be an excellent resource to go to.

**Linda Mecham** stated that a copy of the new draft will not be available for anyone to view until it is ready to go out for public comment. She also spoke to Senator Barto about the committee's issues being resolved if they could see policy prior to it going out for public comment. Senator Barto has added to the 41-3801 in statute a new letter of responsibilities for the IOC's and it will be voted on in this current session. It will be that the IOC's must be permitted to review policy a minimum of 30 days prior to going out for public comment. The IOC's may want to think about creating a sub-committee that reviews the policy and make recommendations at IOC meetings.

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### **Discussion on Previous Motions**



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**Eva Hamant** asked Megan dougherty why was there no response to her motion: IOC requests that DDD find out how many non-retired members do not go to a DTA or a work program, even before the pandemic shut down both.

**Megan Dougherty** responded with each individual member has a PCSP and the focus is on that member and the team meets and discusses what's best for that member, there are a range of reasons why a member would not attend a DTA especially during COVID. Many guardians say that they do not want their child attending a DTA at this time until COVID has calmed down a little bit. With the increase in COVID guardians are still saying they do not want their children still attending a DTA. Each individual member has their own preference on why they choose not to attend a DTA.

**Eva Hamant** stated that the concern is pre-COVID because she had reviewed two previous PCSP that where blind and she was concerned about them forced to stay at home and not attend a DTA.

**Megan Dougherty** stated that DDD have members that are blind, deaf and mute that attend day programs. Those are not reasons to prevent members from attending day programs. If a member or guardian say they do not want to attend a day program staff cannot force them to attend a day program and that is when they team will make their home time as productive as possible.

**Eva Hamant** asked is it possible that Support Coordinators know of day programs and can be supported at those day programs?

**Megan Dougherty** stated that each Support Coordinator are trained on each service provided by DDD and they do provide that information to each team member as it is discussed.

**Linda Mecham** stated that another reason why members are not attending a day program is because of direct care workers shortages and day programs cannot service members if they cannot meet their needs.

**Lisa Witt** ask how would a family or guardian approach finding a day program for a member with a significant number of needs?

**Megan Dougherty** stated when a service is assessed then the Support Coordinator will include the needs of the member in the vendor call process. The vendors themselves will let the Support Coordinator know if they can or cannot support the member.

**Lisa Witt** explained that she is asking for this information because she had been made aware of some families whose DD children are just graduating high school or already adults and think that that there are no opportunities for their children to attend a day program.

**Megan Dougherty** stated the division has employment specialist that partner with the education system. If they have an IEP then they start the transition as early as 16-years-old.

**Lisa Witt** said there is a gap in communication with DDD and families receiving this information.



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**Sherry Wilhelmi** stated that her daughter has been waiting for over two years for a provider. There Support Coordinator has put in multiple vendor calls, and the few that did respond does not want to interact with her but have her sit in front of a TV.

**Megan Dougherty** stated that she is aware of staff shortages and suggested that a network specialist should attend the next meeting to address their concerns.

**Megan Dougherty** stated that she would be happy to have a network specialist and a Voc. Rehab specialist attend the next meeting but requested if the committee could have all these questions ready before the meeting. She also asked if going forward if the committee could stick to the agenda because she has tried to stay on the meeting as long as possible to answer their questions but because she has other meetings that she hosts, and maybe if the committee is okay with it, she could be on the agenda in the beginning of the meeting to be available for questions.

**Sherry Wilhelmi** reminded Megan when their IOC meeting is scheduled and if she could make herself available for the entire meeting because many times it is difficult to have questions for her ready when many of their questions are during their agenda topic discussions.

**Carolyn Willmer** asked is there a DDD family manual with services that are available, etc.

**Lisa Witt** stated that DDD has a navigating book, but it was last updated in 2018

**Marlene Riggs** stated that DDD has an ALTCS book and member rights handbook and community resources and all of them are updated and new. They are available Online and you can call customer service and thy can mail out the books to anyone that request them.

**Eva Hamant** asked could the committee see the training tool DDD-2110-A they are supposed to be using for member communication.

**Eva Hamant** also asked about the spending plan response.

**Lina Mecham** stated that the spending plan is a part of the PCSP, has already been responded to and the old spending plan from the old ISP will be added to the PCSP to meet the requirements.

**Eva Hamant** stated going forward when reviewing BTP for PRC if the BTP, PCSP, and the spending plan can all be submitted together? if DDD is the representative payee or if they live in a licensed group home.

**Karen Van Epps** stated that the only concern is when the public fiduciary or DDD is the payee. If the member lives at home the parents or guardian is responsible for the member's funds.

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### **DDD Staff updates**

**No staff updates at this meeting**



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**Updates from Integrated Health Plans**

**Karen Kramer (United Healthcare)** stated that they are growing their company with more staff.

**Eva Hamant** gave a compliment to United Healthcare for sending out a booklet with appropriate food items for the Healthy food cards provided by United Healthcare.

**Vera Kramarchuk (Mercy Care)** no updates were provided at this meeting

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**Updates from Arizona Department of Administration**

**Larry Allen** provided an update on the IOC website that more tabs were added to make the website more user friendly and to make it easier to look for different things.

The link to get to the IOC website <https://ioc.az.gov/committees/ddd>

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**Roundtable Reports from Members**

**Sherry Wilhelmi** would like to discuss the future of the committee and membership

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**Discussion and Review of Incident Reports and Behavioral Plans**

For December IRs, the Committee members have been given 525 for December incident reports in the Shared Drive. This included 17 for open and 508 closed reports.

Type	Open	Closed
Accidental Injury	3	107
Deaths	1	5
Emergency Measures	1	22
Human Rights	1	4
Legal	0	3
Medication Errors	0	43
Missing	2	16
Neglect	4	19
Other Abuse	3	27
Other-Behavior	0	159
Other -Injury unknown	0	79
Physical Abuse	2	15

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Property Damage	<b>0</b>	<b>0</b>
Suicide	<b>0</b>	<b>9</b>
<b>TOTALS</b>	<b>17</b>	<b>508</b>

The desired IRs will be divided by the chair and equally distributed amongst the members.

Number of Questions for QIM: **40**. members of the committee will send the incident reports questions to the DDD Liaison **Octavia Lamb**.

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**Adjournment**

The meeting was adjourned by Karen Van Epps. The public meeting ended at 12:28 Pm.

The next District Central IOC meeting will be held on Febuary 24, 2022, at 10:00 am.

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