



**Division of Developmental Disabilities (DDD)
District Central Independent Oversight Committee (IOC)
Public Meeting Minutes Summary
Monday, October 25, 2021 – 10:00 AM to 1:00 PM**

Call to Order

Meeting called to order by Committee Vice-Chairperson, **Carol McNulty**. The date is October 25, 2021 at 10:00 am. **The meeting took place Virtually due to COVID-19.** Physical location when meetings resume in person will be at 4000 N Central Ave, Ste (to be determined) Phoenix, AZ 85012.

Welcome and Introductions

Attendance Virtually:

- **Carol McNulty**
- **Sherry Wilhelmi**
- **Eva Hamant**
- **Marlene Riggs**
- **Eduarda Yates**
- **Debbie Stapley**
- **Linda Mecham**

Attendance by Phone:

- **Lisa Whitt**

Absent:

- **Andrea Potosky**
- **Mandy Harman**

Public in Attendance:

- **None**

Health Plan Liaisons:

- **Vera Kramarchuk** (Mercy Care)

ADOA:

- **Larry Allen**



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DDD:

- **Octavia Lamb** (IOC Liaison)
- **Megan Dougherty** (District Central Program Manager)
- **Patricia Sandino** (PRC Chairperson)
- **Leah Gibbs** (DDD OIFA Administrator)
- **Michelle Pollard** (National Core Indicator (NCI))
- **Fredreaka Graham** (AHCCCS Community Affairs Liaison)

Call to Public

There were no members of the public on the call

Updates from the IOC Statewide Meeting

Carol McNulty gave an update on what was discussed at the IOC Statewide meeting on October 20, 2021 and she start off with Zane Garcia's updates on COVID numbers there were 3, 378 members tested positive for COVID-19 and 82 members have passed away since the start of the pandemic and So far, 59.7% of DDD members have received their COVID-19 vaccination. 100% of Support Coordination has been trained in the Person-Centered Planning document that will be replacing the ISP currently and by early 2022 all DDD members will be using the Person-Centered Planning document. The provider rate increase was approved and 80% of the funding will be going to the direct care staff and the amount will be going from \$1.30 to \$1.60 an hour. Article 9 was sent to the AG's office for legality issues and if there are no questions or changes requested then the final draft will be posted by mid-April/2022 and stakeholders then will be able to make comments. A district IOC South member discussed recognition for committee members and if the state can do anything it will have to involve legislation and ideas of how recognition could be was provided. There was a discussion about client funds and the increase in Social Security with members receiving SSI or SSD will put many of the member approve the \$2,000 amount. That payees do not need to worry because AHCCCS looks at the amount of what's in the member's account at the end of the month and not at the beginning. Abuse and Neglect training was reviewed by Linda Mecham under provider issues and the training that was approved from public comment has not been what's being trained on and the status on if it is optional for members. The next Townhall meeting will take place on November 4th from 6p-8p. Richard Kautz will be retiring, and he said how much he appreciated working with everyone.

PWID: (stay at home from DTA, no communication, and own responsibility in need of Public Fiduciary)



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Eva Hamant discussed some issues and questions she had about this topic and wanted to discuss it with the committee.

What does PWID mean?

Answer: it stands for Persons with Intellectual Disabilities.

Eva Hamant explained that during the pandemic DDD allowed agencies to bill for additional habilitation and attendant care while members were at home, what she was asking was DDD members that live in a group home that do not attend a DTA and are not retired from the DTA and do not have habilitation goals how is it home and community based and what kind of quality life is it for that member? How many individuals do not go to a DTA that are not labeled retired and are in the age group between 25-40?

Linda Mecham stated that many providers and agencies that she has spoke to say due to lack of funds and because of COVID-19 they are not going out into the community. It is not that they need to attend a DTA there needs to be over site with the services that are being paid for need to be provided. The bigger concern is the services that have been approved are they being provided? and that would fall under over site.

Eva Hamant stated her concern comes from DDD members who live in a group home who does not attend a DTA at all before and after the pandemic, that are not seniors and are retired, that do not have any habilitation goals or go out in the community. There should be staff there.

Sherry Wilhelmi stated that her concern is those DDD members who live in medical group homes that sit at home all day long and the staff will communicate and say its because they are too fragile, and they are doing DTA at home. It is not quality or stimulating it's the same thing everyday and these are young members not seniors.

Eva Hamant stated that she agrees with Sherry and that was her same concern, it is the excuse coming from the group home managers and does not want to put the effort into a member who is fragile and have more challenging issues than others. She suggested that a motion be put in place that DDD looks into the quality of life in group homes where members do not attend DTA's and are lacking in quality of live concerns.

Carol McNulty stated it goes back to monitoring.

Eva Hamant stated that they must have the data first before they can approach monitoring. They need to find out how many are in medical group homes, how many members (not due to the pandemic) does not attend a DTA and do not have habilitation goals.

A vote was set in place that IOC request 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.



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And IOC has other issues about Provider caring for members leading to quality-of-life issues, but we need to find the number of members who are home all day even before the pandemic. IOC recognizes that DTA and work programs shut down due to the pandemic starting in 2020, but we are not asking for those numbers.

Eva Hamant motioned to request

Sherry Wilhelmi - Seconded the motion.

All present members agreed by “aye” and no “nays”

Eva Hamant also addressed her concern about communication for nonverbal members and as the division prepares from this new Person-Centered planning document, support coordinators really need training on how to communicate with people that are nonverbal so that the information isn't lost.

Megan Dougherty stated each Support Coordinator should be doing an assessment of need if the need is identified during the planning meeting for a communication device or a speech therapist then the service will be put in the planning document. She did agree that Support coordination does need additional training and was in support for additional training, but it is a team and a collaboration of need.

Eva Hamant stated that the concern is DDD members who came out of high school already had a means to communicate such as a communication device when they were in high school and then when they got to the group home as an adult the communication device was either put away or was not being used at all. Most of the kids that get out of high school already had a means to communicate.

Megan Dougherty stated that there is the concern, the continue of care in the group home. There probably need to be additional training to Support Coordinator to help DDD members move to the next phase of their life including their communication to make sure they are successful and still growing in their communication even in their new living situation such as a group home. Also stated that she will elevate this concern but beware that change will not happen right away put they can look at and start the process.

Eva Hamant also addressed her concern with nonverbal member, and they are their own guardian, and the team agrees that the member needs a guardian and applied for a public fiduciary and the public fiduciary disagrees with the team saying they have the team to support them, and the team is the voice for the member. Then the pandemic happened and if a member was nonverbal and does not have a guardian when the member had to go to the hospital and could not communicate or make medical decisions on their own. The issue is how can you find a healthcare provider that can bring medical support to DDD members.



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Linda Mecham stated that the health plans have a policy in place that states that if a nonverbal person goes into the hospital and they cannot communicate or someone that does not know them cannot understand them a guardian has to be with them or someone from the hospital has to stay with them to make decisions at all times.

Eva Hamant stated that many Support Coordinators do not know about this information when it comes to nonverbal members and this should be apart of their additional training about healthcare for nonverbal members go into the hospital and they can be protected.

Megan Dougherty stated that this would be a great opportunity to do more training and communication as they become more involved with the health plans and believes that many support coordinators or group home staff are not aware of being the responsible person for a nonverbal member in a medical setting. The pandemic provided a lot of opportunity for awareness and being more involved with and she will discuss with the training department regarding these changes and see if a training can happen for this. She recommended that these concerns be put in writing and voted on so she can elevate it.

IOC is concerned about nonverbal members who might lose their communication method information as they age in the DDD system. We perceive that communication is a basic human right. Schools keep records on an individual for 5 years after they exit school so support coordinators can get the requested information from the school.

A vote was set in place that IOC is requesting DDD put in their training of support coordinators that support coordinators put into the PCP the communication modality of the member from their transition from school to adult life.

Eva Hamant motioned to request

Sherry Wilhelmi - Seconded the motion.

All present members agreed by “aye” and no “nays”

Provider Issues

Linda Mecham stated that she became aware through many providers that there is a policy in the policies manual chapter 64 on how the Abuse and Neglect training should be rolled out. The Abuse and Neglect curriculum came about as a result of a committee that was formed as a result of the Hacienda rape issue. It went out for public comment it was approved and was posted to the DDD website, there is an instructor’s manual as well as a participant manual, also on the website under the title under abuse and neglect there is also a participant workbook for DDD members. It is very different from the instructor and participant manual that went out for public comment. The curriculum that was selected for DDD members was selected and approved by the Arizona



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Development Disabilities planning counsel and did not go out for public comment. Her concern is the manual that went out for the DDD members is extremely explicit and the manual is optional for the instructors, but it must be used for the members. It says that if the member is dually enrolled in a group home and a day program then the training will take place in the Day program. She is not aware if the members have the opportunity to opt out of this training because it is all stated that they are automatically opted in.

Linda Mecham says that she strongly feels that members does not have the cognitive ability to understand this training and her concerns are 1) Why did the training material for the Members NOT go out for Public Comment? 2) Why is the curriculum for the Instructors and Providers different from the curriculum for the Members? 3) Who will teach the curriculum to the Members in the DTA setting, per Chapter 64, if the Member is dually enrolled in a group home and DTA? Is that instructor qualified to deal with the possible damaging psychological effects this training may have on the Member, based on possible past experiences of abuse or neglect? 4) If the Member is a visual learner, rather than an auditory learner, could the slides present an impression that is not intended? For example, is biting one's arm acceptable behavior? Is putting one's hand on (especially) the private, personal areas of another's body acceptable behavior? If the member is not able to express what the slides are conveying to him/her, how can the Instructor correct that misconception? 5) What is the Opt-in/Opt-out process for Members? 6) If a Responsible Person (IE Guardian) is involved, does that person have prior knowledge from DDD that this curriculum is being taught to the Member for whom they are responsible? What is that process of informing a Responsible Person, since what is being taught to the Member did not go out for Public Comment? 7) If the Member is responsible for himself, what is the process for him/her to opt in or out without actually viewing the material before it is presented? 8) With the inclusion of over 100 slides, the time it would take to review the material is too long for most Members. What is the plan to divide this up? 9) Have you considered that doing this in the DTA setting could provide an atmosphere of exclusion if the Member opts out of this Instruction? And since this is to be reviewed annually, per chapter 64, does the Opt-in, Opt-out take place every year? Because of the sensitive nature of the curriculum, should that document be included in the Planning Document/Person Centered Plan?

Sherry Wilhelmi stated one of her concerns was one of the descriptors about rape was very explicit and not only that they are talked about placing things in your body and the question is do we want medical procedures to equate with rape? The way it was written was poor the language causes serious concerns.

Carol McNulty stated that she also looked at the members manual and it assumes that the member will be abused, and they need to prepare for it to happen. Her main concern is what if something triggers a memory during the class the instructor cannot talk about abusive situations, they are not allowed to talk about, and she would not allow her child to take this training.

Eva Hamant asked if the member does not attend a day program where would this training take place?



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Linda Mecham answered, the training would take place in the group home.

Sherry Wilhelmi stated that she is worried about the level of skill set for the trainers. This is a very delicate training and is worried that any one can do this training and would not understand what is going on with the DDD members.

Linda Mecham stated that her last concern was about the budget for providers and primarily she does not know that the enhanced ratios will back anytime soon because providers do not have the financial resources to survive on the pay rate right now. She also suggested that a motion be made so that the process can start looking into elevation of all her concerns and the committee concerns if they have any.

Linda Mecham asked for a motion that District Central IOC write a letter for Larry Allen, ADOA, to request the following information from DDD regarding the Abuse and Neglect training materials that are currently in use:

The training material for Instructors and Providers was sent out for Public Comment, and per Chapter 64 of the Policies manual, MAY be used to teach the concepts. The training material/curriculum for Members did not go out for Public Comment, and per Chapter 64 of the Policies Manual, states that the material MUST, not MAY, be used. The training material/Curriculum referred to is found in on the DDD Website under the heading “Abuse and Neglect”

Sherry Wilhelmi - Seconded the motion.

All present members agreed by “aye” and no “nays”

Person-Centered planning Document

Carol McNulty stated the ne Person-Center planning document has not been fully utilized yet by all Support Coordinators because her daughter has not seen or used the new document put know other parents that are utilizing it now. When she read the document, she did have some concerns that it will not capture all the issues that members have or will have. She felt that what was in the document most of it did not apply to everyone. It would be easier if it was in bullet format instead of 38 pages long.

Eva Hamant stated that she has worked with Person-Center plans for many years and with this planning document that meetings will not be 30 minutes long it is detailed and asking questions that are too personal. She feels bad for transferring of all this information for Support Coordinators.



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Linda Mecham stated that the issue she is having with it is that the boxes are so small, how is any Support Coordinator going to be able to capture all the information and this planning document is not due to be rolled out until Mid/2022 and suggests that they all look at the document and present to the division any and or all the concerns they have with the document especially for PRC.

Carol McNulty asked that all IOC members look at the link to the Person-Center Planning document <https://des.az.gov/digital-library/ddd-person-centered-service-plan> so they can all review the document and give their suggestions on changes.

Linda Mecham asked should the IOC request changes for the person-centered plan or note that there are issues or items that they feel that are important in order to completely serve the member, how difficult will it be to get them included? And what would the process be to get them included on the planning document?

Leah Gibbs responded that Person-Centered plan is a plan that AHCCS built with other managed care organizations and if the IOC identifies any concerns they can follow the process of writing a letter, then it will be elevated to the proper people.

Linda Mecham motioned to request DDD include the spending plan as it existed in the planning document so that human rights are not being violated by the accumulation of funds.

Marlene Riggs stated that the spending plan does allow you to put in the balance is, sources of income, room & Board costs, personal spending cost, and more, but the key is how the Support Coordinator imputes the information on to the form. With the Person-Centered plan the Support Coordinator has to put in the number of lines they need to put down for the members spending information, if they don't then this information will not be entered and therefore having missing information on plan. It is a training issue with Support Coordination.

A vote was set in place that IOC is requesting DDD move the spending plan as it was included in the planning document so that rights issues can be addressed.

Eva Hamant motioned to request

Sherry Wilhelmi - Seconded the motion.

All present members agreed by “aye” and no “nays”

DDD Staff Updates

Leah Gibbs started off with informing Linda Mecham that Zane did receive her email about her concerns with the abuse and neglect training and he is currently looking into getting some facts for



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her. She gave an a COVID-19 update on the numbers and DDD current serves 46,268 members around the state. 41,196 members live in their own home or with family and 5,072 live in a licensed residential setting, a told of 3,454 members tested positive for COVID-19. 2,216 live in their own home or family home and 1,238 live in a licensed residential setting. 82 members have passed of COVID-19 and 37 lived in their own home or family and 45 lived in a residential licensed setting. 76 new cases were reported in the state. They continue to watch vaccination numbers and support coordinators will be doing outreach for the 5-11 population once the vaccine is approved and released. The date of the Public Health Emergency plan was extended to mid-January/2022 from the Federal Department of Health Services and what that means is those flexibilities that were put in place to ensure services will be in place that they need continue through that mid-January date. New staff was hired to join the division, a new chief medical officer, Dr. Tony Decker and a new chief quality officer, Carl Burick. New provider rate book was posted as of October 1,2021. On November 4,2021 is the next scheduled Townhall event and Sherry Wince will be doing an overview on priorities that the division has identified in the next 3-5 years. The 2021 Family Support Annual Report has been published <https://des.az.gov/services/disabilities/developmental-disabilities/current-member-resources> under the Resource Results section.

Updates from integrated health plans

Vera Kramarchuk from Mercy Care stated that eligible DDD members that were needing the in-home vaccine they continue to partner with their contracted vendors to administrate those vaccines in-home and they will be able to get the booster shots in the home as well.

Eva Hamant asked does Mercy care also have the over-the-counter healthy food cards for their members that are AHCCSS and Medicare eligible?

Vera Kramarchuk responded that Mercy care does not have the healthy food cards

No representation from United Healthcare

Updates from Arizona Department of Administration (ADOA)

Larry Allen did not have any new updates for the committee. The guidelines were approved by the director and will be updated on the IOC website.

Linda Mecham asked was there an updated on the resolution on the pain scale issue that was elevated a few meetings back?



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Larry Allen responded yes there was a response from Mary DeCarlo and then a response was received and sent to Karen from Healthcare Services.

Sherry Wilhelmi asked if the badges are on it way?

Larry Allen responded that they are in the mail to each IOC member and does not know why its taking so long.

Discussion and Review of Incident Reports and Behavioral Plans

For September IRs, the Committee members have been given 720 incident reports in the Shared Drive. This included 26 open and 694 closed reports.

Type	Open	Closed
Accidental Injury	2	130
Consumer Missing	0	14
Deaths	1	9
Emergency Measures	0	30
Human Rights	1	13
Legal	0	1
Medication Errors	0	78
Neglect	10	27
Other Abuse	6	31
Other-Behavior	0	193
Other -Injury unknown	0	112
Physical Abuse	4	17
Property Damage	1	4
Suicide	1	14
TOTALS	26	694

Number of Questions for QIM: **34**. members of the committee will send the incident reports questions to the DDD Liaisons **Jeffrey Yamamoto and Octavia Lamb**.

Roundtable concerns from members

Sherry Wilhelmi would like Dr. Decker from Health care Services to talk about pain scale

Linda Mecham updates on motions that were elevated from previous meetings



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Eva Hamant updates on over-the-counter healthy food card from United Healthcare

Adjournment

The meeting was adjourned by Carol McNulty. The public meeting ended at 12:36 pm.

The next District Central IOC meeting will be held on November 22, 2021 at 10:00 am.
