



**Division of Developmental Disabilities (DDD)
District Central Independent Oversight Committee (IOC)
Public Meeting Minutes Summary
Monday, February 22nd, 2021 – 10:00 AM to 12:00 PM**

Call to Order

Meeting called to order by Committee Chairperson, **Karen Van Epps**. The date is February 22, 2021 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 900, Phoenix, AZ 85012.

Welcome and Introductions

Attendance Virtually:

- **Karen Van Epps**
- **Carol McNulty**
- **Sherry Wilhelmi**
- **Eva Hamant**
- **Marlene Riggs**

Attendance by Phone:

- **Eduarda Yates**
- **Linda Mecham**

Absent:

- **Mandy Herman**
- **Lisa Witt**
- **Andrea Potosky**
- **Debbie Stapley**

Public in Attendance:

- **None**

Health Plan Liaisons:

- **Sophie Stevenson** (United Healthcare)
- **Amy Esch** (United Healthcare)
- **Linda Downing** (United Healthcare)

ADOA:

- **Not available**

DDD:



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- **Jeffrey Yamamoto** (IOC Liaison)
- **Octavia Lamb** (IOC Liaison)
- **Leah Gibbs** (DDD OIFA Administrator)
- **Michelle Pollard** (National Core Indicator (NCI))
- **Mary DeCarlo** (PRC Manager)
- **Debra White** (Workforce Development Manager)
- **James Maio** (Quality Improvement Manager)
- **Megan Dougherty** (District Program Manager)

Call to Public

There were no members of the public on the call

DDD Staff Updates

Debra White described what Electronic Visit Verification is and what this service is for and who will be affected. All Qualified Vendors are required to use this service as of January 1, 2021. EVV applies to all providers such as paid family direct care workers who live with the member and independent providers. AHCCS has offered some flexibilities such as using paper timesheets with an FOB device for members that meeting certain criteria such as: limited to or no Internet connectivity, moral or religious grounds, live-in caregivers and witness or domestic violence protections. AHCCCS policy requires a second level of verification by the member, guardian or a designee. The person doing the verification cannot be the paid caregiver. The policy does accommodate scenarios whereby there is no one to verify through documentation on the designee attestation.

Debra White went on to say that that AHCCCS recently released policy and there are four documents associated with the policy. More information is provided on the DDD main website or attend any town hall meeting. Which the next one will be held on Thursday February 25, 2021

Q: with the location device does it continual tracking or just when the app is in use?

A: It will log the GPS when the employee signs in and out of the app. It does not track the members movements throughout the day.

Q: Can a family member sign the verification for providing a service?

A: There is Attestation that needs to be signed by a designee even if it is not a family member.

Q: How are agencies handling this new program?

A: AHCCCS has given the Division until the end of March to work out all the bugs and get them fixed and everyone have been doing better. Any service provided after of April 1, 2021 and is not signed on with EVV the qualified vendor will not get paid. It is a federal mandate, and it is important



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that families understand the process and work out all bugs are being resolved so everyone can get through the process as smoothly as possible.

Q: families that live in South Mountain have connectivity issues and what is the plan for those families that cannot get access?

A: A paper time sheet will be accepted by with an FOB device if there is limited or no connectivity and any concerns or issues should be directed to the qualified vendor that families are working with.

Q: Are there any providers who have stopped working because of this new process?

A: Debra and her team have not been made aware of any providers who have left agencies because of the new EVV process

Debra White went on to say that The IP program has been postponed until the end of April and working with many vendors to work out in glitches or connectivity issues and the priority is to support our members.

Q: Is the provider still supposed to be tracking habilitation goals and recording progress?

A: Habilitation will not be tracked through Sandata, habilitation is still going through support coordination.

Mary DeCarlo started out introducing herself and made herself available to answer any questions that the committee may have for her.

Sherry Wilhelmi described an incident with a member who expressed behaviors in regards to his reaction to a spinal infusion and her question to the team that was working with the member was if a pain scale was suggested and the team did not know what she was talking about. She found out that the Division did not have a pain scale that was used to assess for services and if they member(s) are nonverbal they do not qualify for pain management. This was very disturbing to her because instead of managing their pain the system was medicating them. She elevated her concern to Senator Barto and to the Division and did not receive an appropriate resolution to this problem. Her question to Mary DeCarlo was if she was aware of any pain scale tool or assessment was available and if not can one be created.

Sherry Wilhelmi went on to say that she would like to discuss using a pain scale and looking at pain assessment for DD members.

Q: When behaviors are happening is anyone checking to see if there is pain?

Mary DeCarlo stated that speaking as a previous behavioral Health provider, Medical should be discussed first and should play a big part working with the member and to identify when they are in pain. She recommended some teaching with the pain scale and how to communicate with the member either by pointing or using pictures with different levels of pain. She would not prescribe psychotic medication without ruling out all medical concerns first.

Q: Would a member have to receive behavioral health services to see if their behaviors are caused by pain or not?



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A: Health care services and complex care specialists should be able to provide follow up with the member, PCP and any a behavioral health specialist and come up with a behavioral health plan that is going to work with the member and working on identifying their pain, better communication and working with the team to have clear direction with working with the member's challenging behaviors and understanding the variables and managing the behaviors.

Mary DeCarlo will bring the committee concerns to her leadership team and discuss with providers to recognize pain whenever identifying behaviors and putting to the forefront and will suggest trainings in the future.

Sherry Wilhelmi suggested that a pain scale assessment be rolled out statewide that the division can use as a base to identify pain because there's not one created specifically for individuals that cannot communicate.

Review/Update on District Central Annual Report

Leah Gibbs started off by saying that the annual report has been read and wanted to provide some information about some of the topics and then go over the plan regarding the other topics. Here is a summary of the concerns/comments and answers/comments from Leah Gibbs.

Karen Van Epps stated that District Central's annual report was also sent to Senator Barto and she is using the information to work on resolving issues.

Receiving incident reports and reviewing them sporadically- the new electronic platform to review IR's have begun and the focus has been to make sure everyone has access to the Google Shared drive with Gmail accounts. The electronic platform has been well received. December IR's are currently being redacted and in hopes to be caught up soon.

Lack of percentage of reports that are sent to APS that are substantiated- There is an investigation going on in the Division to address all concerns and corrective actions that need to be in place. There is a work group that is working on what the committee can see as far as what is being redacted and confirm that there is access so members will know which incidents have an APS investigation started and the committee has an opportunity to request the outcomes.

Concerns with Article 21- The Division understands that there are complex issues and network staff has improved their process with onboarding of new qualified vendors. They are working on collaborating better with behavioral health providers to support DDD members with a disability and behavioral health needs.

GSE programs need to remain in place- There has been no indication that GSE programs are being terminated. This service will continue to be available and there is a focus to move DDD members to GSE if this is appropriate for them, there is also CBE available for those that need more assistance while working.

Not enough oversight with community programs in licensed settings- There are pieces of legislation in front of the legislator that may or may not have an impact on the outcome for this concern. The



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Division continues to monitor group homes and there are no in-person programs available due to the pandemic, but there are plans to roll out in person visits by the end of April/2021.

Supported Decision-Making being brought to legislation- The Division does agree that providing guidance and information to a member to make an informed decision be available, however they must let legislation complete their process. The Division recognizes that there is a gap for those that may need a guardian and that there is no one stepping up for those individuals that need the support and on behalf of the committee the concern has been elevated to executive leadership.

Nursing facilities are not appropriate for DDD members- The Division does agree with this and that nursing facilities are most appropriate for those that need to step down from a hospital or rehab to return to their home or to a different home placement if their home is not appropriate for them, but not to live in a nursing facility. Those that do qualify for a nursing facility will be those that are at advance stages of Alzheimer's and struggle in a community integrated setting and will need a facility that does memory care. Less than 50 DDD members live in a nursing facility in any given day and many times it is due to transition.

Article 9 Revision- There have been some changes Article 9 and it is projected to be available for public comment in July/2021 and the committee members will be able to sign up to receive policy changes or updates so that members could provide their input to any changes to Article 9.

Wages and direct care workers- The Division cannot advocate for salary changes, but as a committee member or people in the public can advocate for wage changes. The Division continues to work under their current budget and does not have control on how direct care workers are paid.

Turnover of DDD Support Coordinators- The Division is working on giving support coordinator more authority to authorize more services. The Division is aware of the high turnover with support coordination, and it takes at least a year to train new support coordinators to learn all their job responsibilities. The Division are aware and are trying to improve the concerns and turnover. A Staff engagement group has been put together to help identify what the Division can improve upon in order to retain good employees. Areas that are being focused on are: improvements with the new employment onboarding process, leaders are being contacted for a check-in to see how things are going and if they or support coordinator needs anything to help improve their job, executives meet with the HR to help with the employment for quality staff, there are hiring events, development of tool kits and ideas electronically to stay engaged with staff, doing touch points where the staff engagement group has been having listening sessions and has been reaching out for feedback and recommendations on ways for improvement, ongoing staff surveys for feedbacks, improvement with communication through share points and newsletters.

Families cannot connect with each other- If a family has a family member residing in a residential setting and they want to connect with other families in that residential setting they can write a letter of release to that agency with their name and contact information giving the agency permission to release the contact information to the other families.

Going back to in-person meetings- The public health emergency plan and the secretary of Health and human services said that they expect virtual meetings to be extended to the end of the year, but there are quarterly updates to the extension through the end of this calendar year, the Division will be kept updated if it would end before that at least 60 days in advance.



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Update on Complex Care Unit

Sophie Stevenson started off by thanking the committee about inquiring about more information about there united complex care unit/care management team and wanted to share a power point explaining what the complex care unit looks like at United Healthcare and other members on her team would share about Care Management.

Amy Esch introduced herself as one of the registered nurses and is one of the managers with the DDD Care Management team and has worked on the team for 9 years and described her experience working with the Care Management team.

Sophie Stevenson continued by describing the complex care team and how they work closing with DD liaisons, Tribal liaisons, member advocates, and OIFA and what their role is in working with liaisons in help serving DDD members and their families. If a family member or DD member are experiencing barriers and want to circumvent their services this is where the complex care unit should be contacted and is able to help with direct coordination, advocacy or support. If the members need additional assistance, then care management will get involved.

Amy Esch went on to explain what the Care Management Program is and how they work with support coordination, DD members and their families. The team consist of United Healthcare registered nurses, Community Health workers and Behavioral Health advocates (who are behavioral health specialist). Care Management is a short team intervention program identifying complex care needs and being able to support, Support Coordinators and DD district nurses in solving gaps such as difficulties with medications, difficulty receiving durable medical equipment to their home residence, etc. They identify gaps that support coordinators, or the support team are struggling with and to create a care plan to provide a bridge with gaps or barriers. Care Management assist with connecting with Primary Care Physicians, making provider/behavioral health appointments, Post hospital follow up, and providing resources and education about wellness, lifestyle and prevention measures.

Q: Will the complex care and the care management team assist with pain management for DD members with behaviors?

A: If there is a clinical need the complex care team would reach out to the care management team and make a referral for the care management team to get involved to assist with bridging any barriers that the support coordinator and the team is having.

Updates from Integrated Health Plans

Sophie Stevenson no other updates where provided after the Complex Care Unit discussion

No representatives from Mercy Care were present



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Update on Billing concerns for members Living in licensed settings

This topic was not discussed during the meeting

The Division has elevated this topic and is working diligently with Division personal and are in hopes to have a resolution by the next meeting.

Update on Electronic Visitation with Support Coordination

This topic was discussed thoroughly during the DDD staff updates.

Debra White started off by presenting a Power Point presentation about EVV and that it was implemented by AHCCCS as a federal mandate. Electronic Visit Verification tracks and monitors service delivery timely and access to care for members. This will impact all services provided by DDD for ALTCS members as well as skills training and development for behavioral health benefits by DD Health Plan sub-contractors. This service began on January 1,2021. EVV applies to all providers such as paid family direct care workers who live with the member and independent providers and must be working with the EVV program by April 1,2021.

Debra White went on to answer questions from the committee regarding the EVV program and discussed some concerns they had with working with this new program.

Update on Pain Scale in Members with Behaviors

This topic was discussed thoroughly during the DDD staff updates.

Mary DeCarlo started off by addressing Sherry Wilhelmi's concern about an incident with a member who was deemed psychotic without doing a pain scale first and figuring out what was causing his behavior when he was in pain but was not able to communicate because he was nonverbal.

Sherry Wilhelmi would like to have a pain scale made available within the Division so that a pain scale assessment can be part of the process when assessing for needs for all members who are having behaviors and that may be associated with pain. The primary focus will be for those that are nonverbal.

Marlene Riggs stated that she will reach out to the training department for DDD to see if they have any information in regards to pain indicators. She will look into seeing if there are any trainings available for pain that are creating behaviors amongst those that are nonverbal and will provide feedback out the next IOC meeting.



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Update on Healthy Food Card for Members that Live in a Licensed Setting

Eva Hamant wanted to know if the team was aware about the healthy foods card program.

Sophie Stevenson provided some education about the healthy food card program by stating that this is a benefit for any United Healthcare member who has Medicare, it is not an AHCCCS benefit. If any committee had any specific questions, she would reach out to a team member that works in the Medicare department to answer the committee questions.

Q: Will the healthy food card effect the income and the eligibility and a DD members ability to maintain services with this card?

A: This question had to be elevated to the Medicare team and she will contact the members directly.

Discussion and Review of Incident Reports and Behavioral Plans

For November IRs, the Committee members have been given 575 incident reports in the Shared Drive. This included 56 open and 519 closed reports.

Type	Open	Closed
Accidental Injury	7	95
Deaths	1	3
Emergency Measures	2	26
Human Rights	2	3
Legal	1	2
Medication Errors	6	54
Missing	1	15
Neglect	9	17
Other Abuse	5	12
Other-Behavior	7	177
Other -Injury unknown	6	94
Physical Abuse	8	5
Property Damage	0	4
Suicide	1	12
TOTALS	56	519

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

Number of Questions for QIM: **None.** members of the committee will send the incident reports questions to the DDD Liaison **Octavia Lamb.**



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Roundtable reports from members

Linda Mecham would like an update on the IOC workshops with regards to IR's and what is being covered.

Sherry Wilhelmi would like an update on a pain scale assessment.

Adjournment

The committee voted to move to Executive session from 12:20pm to 12:38pm

The committee voted to adjourn the executive and the public meetings together at 12:38pm

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