Division of Developmental Disabilities (DDD)
District West Independent Oversight Committee (IOC)
Public Meeting Minutes Summary
Tuesday, May 25th, 2021 – 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 May 25th, 2021 at 5:32 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, Pat Thundercloud (by Phone), Bernadine Henderson, Cynthia Macluskie (by Phone), Brad Doyle**
- Absent: **Julie Heineking, Pam Grady, Laurene Zemis**
- Public in Attendance: **None**
- Arizona Department of Administration (ADOA): **Larry Allen**
- Healthcare Plan Liaison: **Summer Kamal,** (Mercy Care Liaison) **Laurie Ganzermiller** (UHC)
- DDD staff: **Jeffrey Yamamoto,** (DDD IOC Liaison)**, Leah Gibbs (**OIFA Administrator)**, Ryk Scott (**Quality Supervisor**), Dr. Arnold, (**Medical Administrator, PRC**) Mary DeCarlo (**DDD PRC Manager**) Richard Kautz (**DDD Special Advocate) **Michelle Pollard (**NCI coordinator**) Charlene May** (APM District West), **Delorah Grant** (Quality Manager)
- **The Committee, DDD staff, United Health Care and Mercy Care** introduced themselves.

The IOC make up in attendance: **De Freedman** is a former Lawyer, **Pat Thundercloud** is a former Physician's Assistant, **Bernadine Henderson** is a former School Teacher and a current Foster Parent, **Cynthia Macluskie** is the Vice President of the Greater Autism Society of AZ and works as an advocate, **Brad Doyle** is a Parent and Advocate. All these members have children who have or had services with DDD.

Call to Public

De Freedman: Called for public to announce themselves. **There was no public in attendance during this meeting.**

Discussion on documents on Behavior Plans

Dr Arnold introduced the Behavioral Health Administration. She states Jeffrey was provided with documentation called The Functionary Description which gives all their titles and contact information as well as what they do. DDD BHA is overseen by Dr. Christine Underwood, Behavioral

Health Medical Director. She works under her as the Behavioral Health Administrator. She supervises Mary and the program review committee, as well as the ABA Benefits Statewide. She also supervises Tyrone Peterson and Melissa Asik, and they supervise the Behavioral Health Complex Care Specialists in each District. Their role involves making sure that our members with the most complex needs are getting the behavioral health services that are required. It's very easy to get access to her and Dr. Underwood, and their full team because they are all here with the same mission – to make sure that our members are getting all the services that they need. They wear some additional hats, such as coordinating with AHCCCS and making sure that they're following through on all their initiatives and overseeing the health plans and their administration of their behavioral health benefit. That's going to be more fully explained on the form that's going to be sent out.

Mary DeCarlo introduced herself. In October of 2019, the Division had moved the Program Review Committee (PRC). Previously, they were assigned to each District program manager and in the spirit of integration the PRC was moved under the BHA. There's been a lot of work over the last year and a half to work on establishing some statewide consistency. She understands there were some specific questions that were raised around Behavioral Treatment Plans (BTPs) (aka Behavioral Plan (BP)):

1. Whether or not the planning document is going stay with the BP.

   Mary DeCarlo answers yes. They did hear that at the last state meeting. There was a second incline whether that document would be a part moving forward but that will be required as part of the submission.

   Dr. Arnold says Mary had asked for some input on that and it was sort of an overwhelming perception that was helpful and beneficial so we're keeping it in.

2. Why don't medications always match the planning document and BTP?

   Mary DeCarlo thinks there are several potential reasons why that could be. For providers who are writing plans, they may be gathering that information. Our members typically see their behavioral health prescriber more frequently than they would come to PRC. So, what she thinks/can assume is happening is just a matter of not transferring that information over. Additionally, medications are listed in several different places as part of that submission. They should be listed as part of the personal identification form and any med changes that have occurred in the last year. Often, they will also be listed in the medication review, the planning document, and the BTP. We will continue to provide technical assistance to try to ensure that all of those forms are consistent, but just with the understanding that the frequency of visits between the prescriber and the member often happen more frequently than they're coming to PRC.

   Diedra (De) Freedman asks if the BP is a legally binding document? Mary answers that it's part of the member's medical record, so yes. De asks that if what Mary is telling them is that it's acceptable for that document to be inaccurate? De states that she doesn't understand in

the age of computers and electronic transfers why the document can't be accurate in the PRC meeting. Mary states she understands that concern and she defers back to the medication review in ensuring that we have the most accurate information, and they will continue to provide that technical assistance so there's some consistency across those documents. De states she is not asking for some consistency, she is asking for accuracy and she doesn't understand why we would accept anything less. Mary appreciates that feedback and they will continue to explore on some of the specific instances on why that information is not consistent, but in her experience, it's typically because the prescriber is often doing those med changes and then when they come to PRC it's reflected in the medication review but not always in the update of the BTP. De doesn't understand why [inaudible] doesn't have immediate access to the med review. Mary responds that unfortunately support coordination doesn't have free access to our electronic health system or electronic health record. She thinks there are always opportunities where they can look at what sort of health technology to improve that process. De asks if Mary has access to that. Dr. Arnold responds that no they don't. She continues to say that if someone goes to a behavioral health provider and there's a medication change, that requires the provider to send that documentation to them. So, they do not have access to the electronic health records of the behavioral health providers.

Bernadine Henderson asks when they fill out the medication review form, current medications are on there and the current provider signs off with it, and the group home or wherever this person lives takes that home with them. So, they have a copy of the current doctor's orders because they have to have that medication review form filled out, correct? Mary responds that "yes, that's correct", and that is why she said she would defer back to that medication review. She thinks that in some situations, some agencies have created their own forms and they kind of self-generate, so she really works with the chairs as wells as their complex care specialists to make sure that they're either getting progress notes directly from the doctor's visits or something that has the physician's signature on it that shows those medication changes.

Mary DeCarlo asks if it would be the preference of the PRC that that information is listed in the BTP in addition to the medication review, or is there a way that they can simplify some of this documentation so that there aren't inconsistencies and redundancies across documents? Bernadine responds that she thinks meds are listed in the BP, aren't they? Isn't that a requirement? Mary responds that yes, it is, but as far as if it's listed in the narrative or it's attached as an addendum in the medication review, they are open to feedback on how they can simplify that process for everybody. De states she doesn't want to speak for the rest of the committee, they'll discuss it, but she assumes at least the District West IOC wants the entire document to be accurate and have no inconsistencies. That anything less is unacceptable. Bernadine agrees with De. She further states that with the BP sometimes they don't get the med review or it's out of date, sometimes the planning document is different. There's a lot of inconsistencies. She thinks they do all need to match and that's one of things she looks for, but if they were to go off the most recent med review, that would be fine in her

opinion. Mary suggests that something else that may help this overall process is that they currently have a sub work group developing a standardize template which would include the section for medications. So, hopefully if they can develop a statewide standardized template the different providers who are writing the BTPs will know which information needs to go where and that will help with the review process, as well. Cynthia interjects Dr. Arnold and states she is still confused. She further states if it's part of a medical record, she just doesn't understand why the plan isn't being updated whenever there is a med change. It doesn't make any sense to her and seems completely irresponsible to not have a consistently updated plan. She is not understanding what is being said when Mary says it's a technological issue. She asks who doesn't have the technology specifically? Mary responds by going back to as far as medication changes, it is required that they're submitted to PRC. PRC will file that information and send it out to the team. But they are not in the qualified member site to verify that they have the most updated BTP. That would be more of a network monitoring role. They are open to any feedback and welcomes any suggestions on how they can improve that process for everybody.

Dr. Arnold stated she thinks that attaching the most recent med review is the way to go. Mary responds that that's the guidance they've been encouraging PRC to provide is to ensure that the medication review is dated within 90 days and that's submitted as part of the BTP packet. Cynthia requests clarification from Mary on if she's saying that they have the flexibility to decide when they're updating things like this. She imagines people's meds are getting updated more frequently than every 90 days, so when the meds are updated how do they know they make it into the BP? Is it really that they only update it every 90 days? Bernadine responds that in her experience with her kids, yes, it's every 3 months is med checks unless they are having issues. Mary further adds it's a requirement for members that are taking psychotropic medications that they are having those reviews every 90 days. As they have moved to this 90-day planning document cycle, that could be another reason why they're not matching consistently if there were changes that were done outside of the planning document. She further states that it's an opportunity to continue to work with the PRC chairs on our vendors to make sure that they have the most updated information. If any medication changes occur once a plan has been approved, they submit that to the PRC chair. The chair files that and submits it to the team. Where it goes from there, we aren't in the home with monitoring BTPs so it's hard for her to speak on if XYZ agency has the most updated medication list with the BTP on file.

Diedra (De) Freedman asks Mary who is responsible for monitoring BPs if it's not her? Mary responds by saying PRC monitors the technical components as well as the required components under Article 9, but as far as monitoring implementation and ensuring whether there are current BTPs in place, that is a network function. For clarification, Mary is referring to DDD network and DDD monitoring. They have a brand-new District West network manager. Her name is Marla Davidson. The manager of monitoring is Ronda Hennison. De asks Delorah if there's a standard work on her job responsibilities and wants access to them.

Delorah responds she is certain they do, but she doesn't have access to it, that Marla Davidson does.

Cynthia Macluskie interjects and asks if when the [inaudible] gets to the PRC, do they have a timetable on how long it takes them to update it and get it out to the provider in providing the BP? Mary responds that PRC responds to all emails within 48 – 72 hours. It's the standard that they set statewide so they should be getting those updates within that timeframe. Cynthia then asks how much do they then have to act? Mary suggests that she'll circle back with monitoring and network and perhaps at the next statewide meeting they can represent this issue and discuss what is the role of PRC, what is the role of monitoring, and how do we ensure collaboration to make sure that this information is consistent.

Bernadine Henderson asks if PRC doesn't look at updated medication lists unless they are looking at a BP, correct? Mary responds that any sort of psychotropic medication changes has to be reported to PRC. Typically, what that looks like is it's an email, a copy of the most recent medication review and that information is shared with the team.

3. What would be the status be of the IOC and the PRC if Article 9 doesn't/ does change?

   Mary DeCarlo clarified that IOC and PRC really serve a critical role in ensuring that members have functional BPs in place, that they are in the least restrictive environment, and that there are programs in place to help support learning and growth. IOC and PRC will not be going anywhere.

All questions Jeffrey had sent are done and Mary then opens up the floor for any additional questions.

Bernadine Henderson states her question is more about monitoring of BPs. There have been times where BPs haven't been seen for the last 18 months. They recently did one where it hadn't been seen for almost 5 years. Her question is who monitors that and what kind of consequences are there for the providers who's not following the recommendation to have that BP reviewed yearly. Mary responds that that would be network monitoring function and she hopes to engage them so that in their next meeting she'll be able to provide those answers. Internally, they have worked with their information technology department to develop a statewide database that would include members who are in licensed residential settings who may have a BTP. Previously, there wasn't a way to gather that statewide data. At the next meeting, she would love to share with you a pilot of what that looks like. That information will be very quick. They'll be able to pull who has plans that are out of date, who has plans that are coming up for review, how many plans are due to protective devices, how many plans are due to restrictions, and will really be able to pull some more specific clinical data out of there so that they can increase the monitoring of those plans that warrant more frequent involvement. De states that she thought Mary wasn't responsible for monitoring. Mary responds to correct that it's as far as how frequently they are coming to PRC. In her clinical opinion, if there's a member who's

prescribed a protective device, that any sort of protective device should be time-limited and reviewing a plan annually may not be in the best interest. So, for some of those plans that there are restrictions on members, I'd really like for us to be able to provide the support so that restrictions are time limited and that we're working on developing alternative skills.

Dr. Arnold clarifies that determining if the BTP is late or hasn't been completed is a network monitoring function, that isn't their function. But they have been working with IT to develop a way to what is out of compliance because it's something that we want to be able to collaborate with and be able to prompt to work collaboratively across different function areas to improve that process. Although it's not their responsibility, they are trying to do a process improvement.

Diedra (De) Freedman asks if this is going to be available in August 2021, which is their next meeting, or is it going to be available in June of 2021? Mary responds that they have developed the pilot. They are going to pilot it in District East to start and once they look at the process, receive some feedback, make any necessary changes, there would be a plan to role that out statewide. She's happy to share some of the filters that are in that database that would allow us to more readily pull this information. De asks Mary if she understands their frustration in the 21st century. Mary responds that she definitely does. She further states she comes from a private sector clinical world and they definitely move a little bit slower in government, but they will continue to try to improve these processes.

Bernadine Henderson asks are there consequences, how is it documented or tracked/trended to see what agencies are not holding up their end of the bargain? Mary responds that when it comes to the PRC, they are made aware of either gaps in data collection or the plan was only being ran in the group home and not the DTA. PRC is working with Support Coordination to file an incident report. That is the first step to formally document that concern. Then, network from there addresses that. She is not exactly sure on the specific steps for remediation or contract action. That's a network function.

Dr. Arnold states that to her understanding is that that is something that they monitor outside of just incident reports. That's a monitoring question that they look at. She thinks that in the next IOC meeting it will be important to include somebody from network.

Diedra (De) Freedman asks if Dr. Arnold means that they monitor it in accordance with AHCCCS and AMPM policy 960? Dr. Arnold replies she can't speak for network, but she does know that that is an item that they monitor. She doesn't want people to think that the only time that they become aware of it is if we submit an incident report because that isn't correct.

Mary DeCarlo once again opens up the floor for any additional questions.

Dr. Arnold informed the group that if they are experiencing any frustrations about any individual issues or see any concerns to please reach out to them and let them know. She doesn't want frustrations to build up or for the group to feel like there isn't a good flow of communication.

Diedra (De) Freedman states she can't speak for everybody else on the committee, but that her frustration is not individually, it's a policy frustration. She would like to know if Summer and Laurie can tell us are the health plans working on this issue to make sure that the DDD BTP gets information from the provider.

Laurie Ganzermiller responds that they do share their internal planning document for members who are engaged with care management, just like DDD will share all information related to a member. They'll share that with the health plan and they combine it into one planning document. It's shared through email or fax, so it's not within each other's systems. It has to be provided electronically through an email or fax. That's how they are able to monitor and share medication and that sort of detailed information about services that are being provided by a contracted provider with UnitedHealthcare, whether it's behavioral health, or physical health, or otherwise.

Diedra (De) Freedman request to know who Laurie shares that information with. Laurie responds that it's shared with the DDD Support Coordinator or the Complex Care Team. So, anyone within DDD who is involved in the member's care we can share that information. She believes after they share their planning document, it is uploaded into a system within DDD. Summer responds that Laurie is right. She knows that it's uploaded in the DDD system in Focus so that that information is readily available to Support Coordinators. She also knows of a few work groups that Mary mentioned earlier and how overall they can support the process with the BTP and the development with group homes.

De further asks, especially since the Article 9 proposed revisions have been made public since their last meeting, is there a way that they can actually get the health plans to be actively involved in the PRC process, or get their providers to be actively involved regarding psychotropic drugs and anything else that may necessitate a BP? Laurie responds and asks De if she's thinking at the time of the PRC's involvement having access to the health plan to request information if needed if it's not shown in the BP? She is thinking they should be part of the team. She further states they are all about integrated healthcare and she understands that Mary DeCarlo is in charge of DDD's ABA, but we all know going forward, there isn't much ABA that's going to be provided through the DDD QVA provider network, it's provided through the integrated care plans. So, how do we make that bridge so that the information that the PRC gets 1) is accurate and 2) is consistent. She further states that we live in the 21st century and she just doesn't understand how we can be creating legal documents that have inconsistencies and allow that to be acceptable, let alone not have the most complete information. Laurie responds that she can see her point and it's very well taken. She is wondering if there's an opportunity for them as a health plan, United and Mercy Care, to bring that back to the various work groups that they're involved in, and if there's an opportunity there to further discuss what that may look like and how the health plan can and should they be involved at what level and how they can support providing the data real time as they get it.

Bernadine Henderson requests to share one more thing. She believes her frustration with this whole discussion is that seems like there's all these pieces and none of us are [inaudible]. For example, PRC

doesn't monitor how often a plan comes in front of them, but the requirement is that a plan comes once a year. It's like we have all these different agencies, and they all have different things, but nobody is really working together, and when we don't work together, it's members who lose out.

Mary DeCarlo responds to Laurie's question that it's a great topic to bring back to some of the work groups. She knows that they have had, whenever care management is involved for some of their cases, they have participated in PRC. They definitely welcome health plan participation. So, she is happy to take that back to the work groups and have further discussion.

Dr. Arnold asks De if the main frustration is that when someone writes the BTP and the person comes in and has a med review and things get changed. Then there's two different lists that you're looking at when you're reviewing a plan? De answers that her frustration is two-fold. First frustration is, these are legally binding documents that are supposed to be protecting the human rights of DDD members and they're not consistent. Her 2nd frustration is there is no reason in the year 2021 that, when the PRC meets on these individuals, documents can be changes immediately electronically that the team does not have the most accurate information in front of them so that they can review behavioral plans so that their accurate. And number 3, she would hate for DDD to be sited again for being out of compliance, because she knows this is out of compliance with CMS. Dr. Arnold responds that they can go back and discuss it as a team, but her suggestion will be not to type it into the document and just add the up-to-date medication review. That way it won't lead to the inconsistencies and confusion. De replies that the entire document should be consistent. Everything should match. There shouldn't be any inconsistencies on anything, it should all match.

Cynthia Macluskie asks if she is being seeing by any kind of doctor and they have a portal and the information is updated, why is there not a system for everything to be completely updated as it happens in real time? De answers that there is a system. AHCCCS has an electronic records system but what they are telling us is that DDD's behavioral health monitoring in charge of PRC doesn't have access to that EHR system, and asks if she is correct?

Dr. Arnold asks if De is talking about the health information exchange? De answers yeah. Mary further answers that they do not have access. De states that may be something they would want to recommend as a IOC. Dr. Arnold states they can look into that. When she last utilized the health information exchange, the behavioral health information was on part 2 and it wasn't available as readily as it sounds. She states it is a good suggestion and they will look into it.

Diedra (De) Freedman asks Dr. Arnold if it wasn't readily, or it wasn't available? Dr. Arnold answers that it was only available with a side release of information that was input into the system. De states that, especially with psychotropic drugs, this is serious stuff here and if the PRC is approving these BPs, they need to know what's going on. She goes on to say that by statute, the IOC is supposed to be making sure the individual's human rights are being monitored. They're supposed to be the public's eyes and ears on these matters. De then opens the floor up to any other questions. When no one answers, she asks if they are ready for their next presentation, the DDD updates. She asks if they have DDD updates.

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DDD Staff Updates

Charlene May introduced herself. She informs the group that District West recently hired a new Area Manager. Her name is Judy Tipette. She is working out of the Surprise office. She took over Dalmen Dore's area because Dalmen is the Interim District Manager right now. Dalmen is going to be the interim position through September of '21. District West also hired a new Supervisor at the Peoria office. She is starting on June 1st. District West has 3 supervisors vacant at this time that HR is actively recruiting for. District West has support coordination interviews weekly to try to fill their current vacancies.

Delorah Grant/ Ryk Scott informed that one of their supervisors retired after 25 years of service on May 14th. Joseph Ryk Scott's last day is this Friday. He will be retiring after several years of service. They are currently in the process of offering a position for one to replace Jane Bender and the other position will be posted soon for a unit supervisor for District West Quality Improvement. There were two questions from Bernadine that were sent to Delorah and Ryk. Delorah responded to the 1st one that was asking about the Staff and how when they were following the member and sitting down and should the basket hold have been avoided. The investigation was completed, and it was substantiated against the Staff regarding the member rights respect and caring. The Staff has then been retrained on restraints and Article 9. The 2nd question regarding a member's bite marks. The incident report is still open and under investigation. Delorah is unable to provide any updates until that investigation is completed. Delorah opens up the floor to any other questions. De asks the same then thanks Delorah. Delorah thanks Jeffrey for sending the questions a week early. That gives them time to follow up on everything and they look forward to future questions. De asks who will cover the meetings in Ryk's place. Delorah replies that it will either be herself or one of the new supervisors. Either way, the next meeting being in August, all 3 of them will be on the call so that they can meet the 2 new supervisors at that time. Delorah adds that they always welcome the questions, that it doesn't have to be just for the meeting.

Leah Gibbs from DDD OIFA updated the committee on COVID-19 and DDD.

She began with AHCCCS/DDD Flexibilities (Appendix K) will be following the Public Health Emergency protocols until they are stopped. This will probably be until the end of the year. If there is a stoppage before then there will be a 60-day announcement before the flexibilities expire. Some of those flexibilities include allowing the parent to be the direct care worker for their minor child as well as having a respite maximum assessment to not exceed 720 hours during the respite year as compared to the 600 hours prior to the pandemic. At this time, the respite increase will discontinue September 30, 2021. AHCCCS hasn't notified the Division of any intent to continue that beyond that date. If we receive that information, we'll certainly let you know. The new service that we've been

providing called Home Delivered Meals for members who have needed that continues to be in place. We gave extended the contract through September 20th with the option to continue to extend through the Public Health Emergency.

Diedra (De) Freedman asks Leah how many members receive this service. Leah replies an estimate of 200 members. De follows up with another question: is DDD looking to make sure that a similar support continues after September 20th for those individuals if it's necessary? Leah answers that absolutely, what they would be looking at is going back to our ability to coordinate through local resources, CAP offices and food banks to make sure those members do have food. She further adds that this service was limited to just 1 meal a day.

Leah Gibbs goes on with her update about our members who have been affected by COVID-19:

- 45,189 members being served by DDD
  - 40,187 members are living in their own home/family home
  - 5,002 members are living in licensed facilities
- 2,843 members tested positive for COVID-19
  - 1,723 residing in their own/family home
  - 1,120 residing in licensed facilities
- 74 Member deaths attributed to COVID-19 (30 lived in a family/own home & 44 lived in licensed facilities), No deaths since beginning of March
- Tracking weekly. January was high of positivity, now single digits
- Support Coordinators are making contact and informing the members families ages 12+ on all the vaccinations for COVID-19.
- About half of members are vaccinated. 25% not wanting the vaccinations and 25% are planning to get the vaccination.

Diedra (De) Freedman asks about the infections rates and death rate for individuals who are in licensed facilities, and do we know how that compared to EPD facilities? Leah responds that that is a great question, and she is unaware that they have that data. She will make a note and try to find out. De also asks if we know how that compares to the rest of the nation for DDD population. Leah responds that our DDD population rate is lower than the rest of the nation, substantially. Leah continues to say that she believes Arizona did a great deal of intervention with requirements on our vendor community about their pandemic plans and mask mandates and social distancing. We implemented those programs a little before other states did and we truly believe it made the difference for our members.

Brad Doyle asks Leah if she thinks that our rate of institutionalizing being so much lower than other states helped with that as well? Leah responds that she believes that's an outstanding point and probably true. Even where we have institutional care for our populations, they are smaller facilities. You're not talking 150 people in a facility, right. Our ICF's maybe have 12 to 15 people in them and she thinks Brad makes a really good point. Brad adds that AHCCCS and DDD were ahead of the game and should give themselves a round of applause. Leah replies that she appreciates that and that

it has been quite the time for them, and we're not done but we're moving in the right directions. Last week there were only 7 new cases statewide.

Diedra (De) Freedman asks about the percentage of members not wanting the vaccinations/planning on getting it and if we know how that compares with a) the general population in Arizona and b) the DDD population nationwide. Leah replies that she can answer for Arizona but doesn't have the nationwide data. We are almost in alignment with the general population of the state.

Leah Gibbs continues with her updates. They have posted to COVID-19 dedicated webpage, a document that has been put out by the Centers for Disease Control and Prevention (CDC). They're calling it Myths & Facts about the COVID-19 Vaccine. They are encouraging our Support Coordinators when their speaking to our members that are struggling on whether to move on with vaccine or not to make this available to them. We can't force anyone to do anything that they don't want to do or should do, but we're making the information available. All members who are targeted-support coordination eligible and long-term care eligible can get that transportation to get vaccinated. Our health plans have been wonderful in coordinating that care and just as wonderful about making sure members who are homebound are getting vaccinated in their homes. On the 13th of May, the CDC came out with new mask guidance and in that guidance there's a lot of confusion because of our population and our living situations and our executive order that's in place in Arizona. They define an individual as fully vaccinated 2 weeks after they have received their 2nd dose of a 2-dose series vaccine or the single dose vaccine. The guidance indicates that if someone is fully vaccinated, they can resume activities without wearing a mask or staying 6ft apart, except where they're required by federal, state, local, tribal or territorial laws, rules, or regulations, or if it's a local business or workplace that has guidance that requires masking. There has been a newly published document on the DDD website requiring vendors to differentiate between vaccinated individuals and non-vaccinated/unknown. She is foreseeing that many vendors will be reaching out with questions regarding that document. We are able to ask individuals if they have been vaccinated, but they are not obligated to answer. Lastly, the Division has gone back to implementing on-site, in-person monitoring of facilities and of programs as of the 3rd of May. It was virtual and only going out in-person if there were any health and safety concerns or they were aware of an issue. She further wants to let the group know that they continue to have lots of work groups working through the different recommendations of the Abuse and Neglect Task Force and there's a tool kit that has been posted and open for public comment for content as part of the work that's been done by the Abuse and Neglect Task Force. She then opens up the floor for any questions.

Bernadine Henderson asks if Leah can answer questions about Arizona Early Intervention Program (AZEIP). Leah answers probably not and she further says they are part of DES but not DDD. We have case managers that serve the birth to 3 AZEIP kids that are DDD-eligible, but their program is a DES program, no longer DDD. Then she asks Bernadine what her questions is. Bernadine says she was asked to sign a COVID waiver that if a provider brought in COVID and my family got sick, that I would not sue that agency but there's no protection for her if a person comes in and catches it from someone in her home that they cannot sue her. Leah asks if that came from the provider or AZEIP

themselves? Bernadine states it came from AZEIP contractors and Leah clarifies from the provider agency. Leah requests that Bernadine put that in writing for her so she may look into it for her. Bernadine replies yes and that she will send Leah the letter.

Charlene May comments that she has an early intervention unit in her group, and she has heard that some of the contractors are asking families to sign that. She doesn't know if there is any validity behind it. If they can force you to sign it. She would also suggest contacting the AZEIP office directly and asking them for guidance. Leah replies that that's what she was going to do with Bernadine's letter and just reach out to AZEIP herself. She says it's very difficult for her to believe that AZEIP is promoting that. Charlene adds that it isn't AZEIP promoting things, it's the contractors. Bernadine further adds that if she doesn't sign it, that the provider won't come into the home and she won't receive services. Leah states that is a fascinating threat and that they should go back to AZEIP and see what they can do.

Brad Doyle says he has questions and goes on to state that it seems like they are working very steadily towards getting a consistent policy, not only for DTA program, probably summer camps. Leah states absolutely. Brad then asks if a person is voluntarily willing to show proof of immunization, then they can potentially not have to wear a mask at a DTA program because they've provided that information, is that correct? He asks if that's where they're headed. Leah states she is unable to answer that questions but can tell him that if they know everybody in the DTA is vaccinated and all Staff is vaccinated then that means you don't have to mask or social distance. This issue are the people who won't tell, oppose to or won't benefit from the vaccine. They have had some passionate conversations about how to run programs when you have whole group of people that you know aren't really safe and a whole group of people who may not be and that's something our vendors will be struggling with this new guidance. Brad adds that it's hit or miss. There are some programs willing to make accommodations and some aren't. His concern is for those individuals that are highly behavioral lower functioning that refuse to wear a mask, if they've been fully immunized the CDC guidelines say they are safe to in that community. It's up to the people who haven't been immunized and those that might have immune compromise, they should be the ones wearing the masks. He asks if they are looking into getting some kind of consistent rule or is this going to be individually decided at each DTA? Leah responds that right now it's going to be at the program level.

Diedra (De) Freedman comments that we all need to remember that it's guidelines that were issued, not policy or regulations, and if a member is not getting the services that they need, then it's up to the member to file an incident report with DDD or to contact DDD to make other arrangements to get the services that they need. But she doesn't see DDD mandating to providers anytime in the future.

Discussion of Proposed Article 9 Changes

Diedra (De) Freedman starts off discussion by stating she emailed everybody the public statement from the Arizona Autism Coalition of which she sits on the board. She also submitted it as an individual. She knows the Greater Phoenix Autism Society also wrote a statement. Cynthia interjects to say that she had also forwarded the Autism Society statement to everybody after De had. De further says that as an IOC, she understands that the timeline has passed, but they can always submit a statement late. She asks if anyone wants to do that, and if anybody wants to have a discussion.

Cynthia Macluskie states that her vote is that they should send in their public statement.

Bernadine Henderson said she agrees. She also adds that she read through both statements and she thinks they both sounds good. She had a really hard time reading that document (Proposed Article 9 Changes). She was really confused about what was being changed and what wasn't. She is so glad someone made sense of that. She is good with De's recommendations.

Brad Doyle agrees with Bernadine. He thanks De and the Arizona Autism Coalition. He adds that he thinks that they can put something in post, he agrees with that.

Diedra (De) Freedman asks the group if they read the Greater Phoenix Autism Society's recommendations? She thinks they are stronger from an individual family standpoint than the coalition's, and since we're the IOC and it's our job to protect members, what we send in as the IOC, maybe we prefer the Greater Phoenix Autism Society's statement over the Arizona Autism Coalition's statement. She adds that it's up to the group.

Brad Doyle replies that he would go along with De's assessment if that's what she feels, then he's with her on that and he seconds it.

ADOA Update

Larry Allen stated that All IOC Committee Guidelines are posted on our IOC website for Public Comment. They are up on our website till 6/1/21 and at that time they will be pulled, and all public comments will be considered. After that Director Tobin will sign off on the guidelines and they will be posted on your tab on the website.

State fiscal year ends on 6/30/21 and year end reports (Annual Reports) will need to be put together and to me no later than 8/15/21. I know there will be some overlap, but we need to get back on track with the timing on the reports per the statute.

Health Plans (HP) Updates

Laurie Ganzermiller (UHC) informed the committee that as the health plan, they continue to support DDD as they provide them with member information. For those who are at home and would like to receive the vaccination in their home, they coordinate that with Spectrum.

Summer Kamal (Mercy Care) informed the committee that they have started a statewide provider meeting specifically for DDD population. They their 1st one maybe a week ago where they discuss their roles and processes. It seems with the contractors there's been a bit of confusion how that looks like and the expectations on collaboration.

Diedra (De) Freedman asks both Laurie and Summer about the proposed changes to Article 9 and the concerns that the DDD QVA providers seem to consistently bring up was who's responsible for providing behavioral health services when DDD members are in congregate settings. She knows there were a couple of pilot programs regarding ABA and providing ABA group homes. How are plans …

Summer Kamal replies that she believes the program De is talking about is the one DDD implemented with their HBD Homes Data BCBA overlooking those facilities to provide that support. She doesn't think that was something that came through United or Mercy Care.

Diedra (De) Freedman states she was actually talking about the pilot program that Southwest Behavioral and Southwest Human Development had going where they were looking to go into group homes.

Laurie Ganzermiller responds that that has been in discussion. She knows United has hosted a few meetings with Southwest BH and Southwest Development. She is not sure of the status on that. Regarding congregate settings, there are behavioral health reps that can go into that type of environment or that type of setting today that Mercy Care and United would be responsible for.

Diedra (De) Freedman asks if there's a way to get these concerns brought in their weekly meeting? Laurie responds that absolutely they can. De further adds that it's a major concern of who's going to pay. Unfunded mandate kept being brought up yesterday.

Cynthia Macluskie thanks UnitedHealthcare and Mercy Care for doing such a great job with taking over the odd contracts. She further adds she is receiving really good feedback from families about timeliness and ease of getting into the system once they understand it. There still more messaging that needs to get out there on how to start the process because there are still people out there who are confused. She asks if the meetings of all the health plans are still going where they are defining what a COE really means and in the future what that's supposed to look like, and have members and families participate. The 2 COEs she knows of, Southwest Human Development and Touchstone, that are considered COEs, is extremely disappointing from a member and family's point of view.

Laurie Ganzermiller responds that she would have to take that back to find out if there were additional meetings that occurred and if they have brought in family participation. She adds as a side note that UnitedHealthcare has worked with their Tucson CRS MSIC, the Multi-Specialty Interdisciplinary Clinic. They have just recently created and opened up a Center of Excellence (COE) for (Autism Spectrum Disorder) ASD. Jerry Perkins is the CEO. He was at the table with AHCCCS and the governor's advisory council to come up with what that criteria should be, so, she knows

through their contracting efforts, they were very impressed with their program. Laurie will send that information to Jeffrey.

Cynthia Macluskie gave additional feedback: families want more choice other than ABA. ABA is pretty unpopular among our population and wants to know what the health plans are doing to build capacity around relationship-based therapies. On that same note, families are constantly complaining about a lack of services for behavioral health for those over the age of 18. She would like to hear what the health plans are doing to incentivize that so that we're actually providing care from 0-100.

Diedra (De) Freedman made a comment to Laurie regarding the ASD COEs. She said this in the AHCCCS ASE advisory committee and will say it here. As a member of the District West DDD IOC, we shouldn't have ASD COEs. We should have Individual with Delay or Developmental Disabilities (IDD) COEs. Everybody should be included. She thinks that the health spot that United is involved with, and so is Mercy Care, that they're developing at 1st place, where they serve not only not only individuals with ASD, but individuals with intellectual and developmental disabilities across the board. She thinks that that's a much better model. Maybe they can evolve where we are all-inclusive of all individuals with IDD. Laurie thanks De and states United agrees with her.

Discussion and Voting on Requests for DDD

There were 2 request/votes that were made during the meeting at various time and for various topics and those requests and their voting is listed below.

De Freedman proposed that the committee make motions and vote on the following items throughout the meeting.

1) **Bernadine Henderson:** Motioned that the Article 9 comment/concerns from the Greater Phoenix Autism Society be adopted as the same stance from the DDD District West IOC. Also, that the letterhead remains with the comments/concerns with Cynthia Macluskie named as part of the IOC. This letter will be sent to Dalman Dore at the District West Program Office.

   Cynthia Macluskie: Seconded the motion

   The Motion Passes with all present members voting "Aye" and No "Nay" votes

2) **Pat Thundercloud:** Motioned that a subcommittee be formed to write the Annual Report and its contents be shared with the whole committee before the next meeting on Aug 24th, 2021. At the meeting the committee will approve the report to be sent to ADOA.

   Brad Doyle: Seconded the motion

   The Motion Passes with all present members voting "Aye" and No "Nay" votes

Division of Developmental Disabilities (DDD)
District West Independent Oversight Committee (IOC)
Public Meeting Minutes Summary
Tuesday, May 25th, 2021 – 5:30 PM to 7:30 PM

DDD IOC Liaison Updates

Richard Kautz asks the committee how it was going with the Incident Reporting on the Shared Drive. How is that platform working out for them?

Bernadine Henderson loves the platform.

Diedra (De) Freedman does, too.

Jeffrey Yamamoto began by informing the committee that the April IRs are all loaded to each District and available to review.

Discussion of Membership for the IOC

Jeffrey Yamamoto: Still making recruitment efforts for District West and all Districts.

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

Jeffrey Yamamoto: There was no other questions than the follow up with Quality on Bernadine's question on an ongoing investigation.

The April IRs for the Committee members have been loaded into the Shared Drive. The reported 825 IRs are listed below.

April 2021

Type	Open	Closed
Accidental Injury	5	77
Consumer Missing	4	12
Deaths	1	5
Emergency Measures	0	18
Human Rights	2	3
Legal	3	3
Medication Errors	8	51
Neglect	45	30
Other Abuse	5	2
Other Behavior	25	330
Other Hospitalization, Unknown injury	10	161
Physical Abuse	9	3
Property Damage	6	2
Suicide	2	3

TOTALS	125	700

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

The Program Review Committee (PRC): None.

Adjournment

De Freedman adjourned the meeting at 7:25 pm

The next District West IOC meeting will be held on Tuesday August 24th, 2021 at 5:30 pm. Will be virtual meeting should COVID-19 concerns still be in effect.