Division of Developmental Disabilities (DDD)
District Central Independent Oversight Committee (IOC)
Public Meeting Minutes Summary
Monday, July 26, 2021 – 10:00 AM to 1:00 PM

Call to Order

Meeting called to order by Committee Chairperson, **Karen Van Epps**. The date is July 26, 2021 at 10:05 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:

- **Karen Van Epps**
- **Sherry Wilhelmi**
- **Eva Hamant**
- **Carol McNulty**
- **Linda Mecham**

Attendance by Phone:

- **Eduarda Yates**
- **Debbie Stapley**

Absent:

- **Andrea Potosky**
- **Marlene Riggs**
- **Mandy Harman**
- **Lisa Witt**

Public in Attendance:

- **None**

Health Plan Liaisons:

- **Laurie Ganzermiller** (United Healthcare)
- **Karen Kramer** (United Healthcare)

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ADOA:

- **Larry Allen**

DDD:

- **Octavia Lamb** (IOC Liaison)
  Leah Gibbs (DDD OIFA Administrator)
- **Michelle Pollard** (DDD NCI Coordinator)
- **Megan Dougherty** (District Central Program Manager)
- **Patricia Sandino** (PRC Chairperson)

Call to Public

There were no members of the public on the call

Updates from Statewide

Karen Van Epps gave an overview what was discussed at the IOC/DDD Statewide quarterly meeting. And one of the topics that was discussed was mandating DDD members to wear masks to attend a day program. It was stated that most day programs do not require mask wearing and the CDC and ADA is not requiring mask wearing if a person has been vaccinated. Karen asked one of the committee members if she could explain to the group the reason the day program provided her as to why her daughter could not attend a specific day program.

Debbie Stapley stated that the day program told her that they are doing their best, and all supported individuals must wear a mask no matter whether they are vaccinated or not. Her daughter will not wear a mask no matter if they are out in public and the day program will not let her come back.

Karen Van Epps stated that most other day programs are open and allowing members to attend without having to wear a mask and have there been an option to attend a different day program. Or ask to speak to someone from the board at the day program and ask for their policy. She also suggested that Debbie writes a letter to the board chairman about her concerns.

Leah Gibbs stated that any concerns like this one should be elevated to the customer service team and a grievance should be filed, so that they can contact specific people in the division to get involved to figure out what the vendor is doing, what their policy is, whether or not it is an inappropriate response back to Debbie and if a grievance is filed, she will receive a better supportive

answer. She provided the customer service number to the committee for anyone to file a grievance for any situation like this.

Leah Gibbs spoke about Wellsky and went into clear detail about what it is. When DDD went to an electronic service authorization and payment system. The system was a home-grown system with 3-digit service codes (ex. DTA, HAB,). On a national level from the centers of Medicare and Medicaid services they identify service codes through HCPC: Healthcare Common Procedure Coding and these are codes that are nationally recognize for certain services that are provided. The division was required by AHCCCS to take the old home-grown system and turn it into a nationally recognized billing system that the other Medicare and Medicaid programs use. The division worked with AHCCCS and AHCCCS went out and got a contract with a company called WellSky and this new company will be the one to help support all the billing agencies to build the appropriate HicPic codes on the federally recognized forms and use their billing system as an option. So, the work the division is doing with WellSky is to get into compliance on a national level on how they authorize and bill services.

PRC

Karen Van Epps raised a question to James Maio about what is done with DDD members who have severe behavioral health concerns that they cannot be handled in a group home because she read behavioral plans with resolutions that are not working. DDD members with severe behaviors are taken to the state hospital many times and this is very concerning. She suggested that the committee push for higher behavioral health treatments.

Sherry Wilhemi asked please provide clarification what was being asking for behavioral health needs.

Karen Van Epps stated we may need to build facilities that can be locked and better trained staff because she reviewed and sat at a PRC regarding a member and their housemates that was consistently hospitalized because staff could not manage the members.

Eva Hamant stated that she was on a recent PRC meeting where it stated that the reason for behaviors was because of the members biochemistry and a learned behavior. And maybe the team needs to look at members cholesterol levels and see how it impacts individuals who higher aggressive or emotional behaviors.

Sherry Wilhemi agreed with Eva and suggested this information be taken to a facility in Tucson where they are doing research on hyper lipids.

Karen Van Epps stated after reviewing some behavioral plans and noticing that some behaviors are mot preventable because of what occurred at birth and the behaviors could have been from there family history. The concern is if a member was hospitalized so many times and they were not

prescribed PRN medication that will calm the member down then there are staff that work at group homes that are not equipped to handle members with severe behaviors and suggest building a behavioral health facility and have staff that are trained to work with members with severe behaviors. The division needs to keep pursuing a relationship with behavioral health because trained and professional behavioral health specialists could help a member be stable.

Karen Van Epps stated she feels that the committee needs to keep pushing for another level of care for members that have severe behaviors.

Sherry Wilhelmi stated that's probably why behavioral health had so much involvement in the new Article 9 revision that behavioral health wanted to increase medications and apply the medical model on members that are receiving behavioral health to put them in the hospital, lock them down, and have group homes that do not follow Article 9.

Karen Van Epps stated that she feels that there should be a step-down program for those that have severe behaviors and have a place(s) available for DDD members.

Q: Has anyone from DDD looked into a resolution for members with severe behaviors?

Leah Gibbs answered, she is aware and on an executive level, DDD leadership is working with the leadership from both health plans to be able to develop better residential options for DDD members who have more extreme behaviors challenges.

Megan Dougherty stated that DDD currently has options involving step downs for behaviors whether there are vacancies is situational and support coordination looks for step downs in severe situations and feels that this is a big topic that warrants additional conversation at a broader level with AHCCCS because there are many members in DDD group homes that have staff that cannot best serve them with their behavioral needs. There are step downs, but it all depends on if they are available and DDD does partner with behavioral health as well.

Karen Van Epps addressed her concern with case managers who participate in PRC and who have just been assigned to the member, they have not interacted with the member and this is a problem because when the PRC team is asking questions about the member to the DDD case manager, there are too many times where the case manager has said, I do not know the member and I have only seen them virtually.

Q: Could changes be made within case management?

Megan Dougherty stated that ideally, they would want case managers involved in a case to know the details about the members so that they can articulate what's is going on with the member unfortunately across DDD there are a lot of retention issues, there are many vacancies in district central at this time, and case load sizes are up to 83 and there are many new staff that only have been in their position a few months. She knows that there are issues with continuity of care, making sure everyone is up to date with members, but there is a struggle with retaining staff at this time. Right

now, the priority is making sure that someone from case management is present for PRC so if follow up needs to take place, or if there are any questions then they can look through the case file, or current information that has been provided and they can be of assistance during the meeting. The division is in hopes that that they can make improvements in retaining case managers and there is a pilot program that just started with AHCCCS about qualifications for case managers to allow new qualifications for new staff to be reviewed by AHCCCS and allow more staff to be hired.

Q: could a DDD case manager schedule a home visit to make sure the member is okay, and they know who they are working with?
A: Per the directive by the division, they are not mandating in-home visits or in-person visits for case management and members. If the member, guardian, or team feels that there is any type of need for the case manager to go to the home they are accommodating that request.

Sherry Wilhemi stated that not seeing the members in-person causes issues with quality and continuity of care and there is a barrier with DDD case managers not being able to conduct in-person visits and she understands about the spread of COVID-19 but asked if DDD case managers had the opportunity to get vaccinated?

Megan Dougherty stated that she is not able to answer that question and to refer to the assistant director of DDD.

Article 9

Leah Gibbs talked about the most recent Article 9 work group meeting and the topic of discussion was about portions that were written in the new proposed legislation about things written in the past that were prohibited techniques, it included the use of aversus stimuli vs noxious stimuli and changing the language, the use of a seclusion time-out, the use of over-correction, the use of physical restraints and withholding the rights of a member for the result of a punishment. There was discussion before about moving of these to the prohibited technique area of the rule. It was expressed that some of the techniques are used in a proactive plan with BCBA supervision to help members. The division took the 5 techniques and they have started a new self-advocacy group that is just made up of self-advocates. The self-advocates expressed their concern with these techniques and stated that "if you are not going to do these techniques with someone without a disability, then you should not do this to anyone with a disability". This information was provided to the work group and at the meeting it was agreed upon that all 5 techniques will go back to prohibited under all circumstances.

Sherry Wilhelmi expressed the way to do the desensitization when it comes to food is to create a feeding plan and it was approved.

Leah Gibbs stated that they explained to the group that when you are doing a proactive teaching plan and it is part of a feeding therapy or a habilitative technique then that is why there are PRC

involvement, but the division will not sit back and allow people to use the prohibited techniques as a form of punishment in any circumstance. Also, the concern that was expressed was that behavioral plans are implemented by people who work in group homes who make minimum wage and they do not have the extensive training and to ask them to make critical decisions to differentiate when to use a prohibited technique and when not to use it can have a negative consequence on DDD members.

Sherry Wilhelmi stated that the concern is also that staff are not trained how they use to be, and she expressed her concern to the assistant director of DDD and it is not fair to the staff to put that on them.

Leah Gibbs stated where they are now in the Article 9 revision is at the next meeting the topic will be about different interventions that with behavioral plan approval could be considered. The BCBA's will also be on this discussion to explain and give better understanding what new techniques such as escape extinction and what it is before they make a decision about how they feel about it.

DDD Dental Care Concerns-Sedation

Karen Van Epps explained that members who must be under hospital sedation to receive dental work is very much rationed because St. Joseph's hospital was the only place that members could go to if they needed to be Sedated and because St Joseph's only receives little from the health plans reimbursement, they only see a few members at a time. There are many members on the waiting list who are waiting to receive services. This has been elevated to AHCCCS as a care concern. This is a big concern because many dentists feel that if their patients have Trach's or any serious medical concerns they feel more comfortable at a hospital.

Laurie Ganzermiller stated that United Healthcare is working closely with AHCCCS through updates from DDD for other ways that dental and anesthesia can be provided outside of a dental office and in a operating room or a facility that provides the same services available and allows the dental provider as well as an anesthesiologist to come on board and provide services. Banner is a current partner who they are currently discussing opportunities, but they are also working with St. Joseph's to find out more information as to how or why there has been a limit on providing dental services. United healthcare is working with a Dr. Jackson at Banner desert on getting credentials to provide dental and anesthesia services. They have also spoken to the dental college as well as the Phoenix MSIC to see what services could be coordinated with them and if there were other facilities that would work with an anesthesiologist. United Healthcare has received a list of prior authorizations with the anesthesia from St. Joseph's and each member has been assigned a care manager so that United Healthcare can support and continue to follow them until the member receives their services and there was a large amount that were scheduled and scheduled in a timely manner.

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DDD Staff Updates

Leah Gibbs stated the division continues to track the numbers for COVID-19 amongst the DDD population. As of the beginning of July the division is currently supporting 40,662 members who live in their own home or the family home and 5,064 live in a residential licensed setting. The division is currently supporting a total of 45,726 DDD members and 2,916 members tested positive for the virus since the onset of the pandemic which breaks down to 1,792 lived in their own home or family home and 1,124 lived in a residential licensed setting, 74 members have passed away as a result of the virus, 30 lived in their own home or family home and 44 lived in a licensed residential setting. The last update that a member passed away from the virus was back in March/2021. Another update was they track how many members and families are able to receive the vaccine and how many have actually received it. As of July 1, 2021, 50% of the DDD population that are eligible has received the vaccine and this is about the same percentage with everyone else in Arizona. There have been efforts happening around the state to try to address some of the vaccine hesitancy concerns.

Leah Gibbs continued with an update around the flexibilities that are in place to make sure DDD members continue to receive services throughout the pandemic those flexibilities have continued. The respite maximum that had been in place and increased to 720 hours will be going back to 600 hours starting on October1, 2021. The flexibility around parents being a paid provider for their minor children, that flexibility is in place until the end of the Public Health Emergency which is scheduled until the end of the calendar year. AHCCCS did include funding from ARPA to continue funding for those parents to remain as paid care providers until March/2024 giving AHCCCS time to evaluate on what is happening nationally about the care giver crisis of finding enough care givers for the needs out there. The Home Delivered Meals program was asked for continued funding until March/2024 as part of the American Rescue Plan Act (ARPA). Zane Garcia-Ramadan provided an update on Article 9 and the revisions that will be going up to Supplemental Rule Making and when the work group is finished it will be submitted to the Secretary of State and republished for public comment. Also, the work that has been completed about the qualified vendor agreement which is the contract between the vendors to support DDD members and the division is currently open for public comment and Zane highly encouraged members and families to respond to the public comment and the link to view the public comment is https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers/qualified-vendor-agreement-qva-public-comment.

Updates from Integrated Health Plans

Laurie Ganzermiller from United Healthcare stated regarding COVID-19 they continue to work with DDD to identify individuals that have an opportunity to receive a vaccination whether they cannot leave their home or they need help scheduling and they are finding that the more outreach that

was being done they noticed that families are already scheduled to receive their vaccination or they do not plan on getting vaccinated at all. The plan is to continue to provide education as they are making phone calls but understanding that it is a member or family choice.

Q: do you receive information from all the members and theirs that have been vaccinated all across Arizona or just in a specific area?
A: There is a national database that United Healthcare pulls from specifically for Arizona and for DDD members.

Laurie Ganzermiller Lastly stated that United Healthcare has partnered with DDD's group homes that have United Healthcare members and they drop off goody bags to various group homes. It has fun activities to do during the summertime outside and they do not go in the homes, but they leave the bags on the front porch of the group homes. They will do this again in the fall and in the winter.

No Representatives from Mercy Care at this meeting

Updates from Arizona Department of Administration

Larry Allen provided an update on the end of year fiscal annual report for 2020-21. Per statute 41-3804 states that annual reports are to report from July of the previous year to June of the current. Annual reports are due to ADOA and to IOC liaisons by the end of August/2021 and Larry will send out talking points to help with completing the annual reports. Also, the IOC badges expired, and new ones have been ordered and will be directly mailed to each IOC member.

Discussion and Review of Incident Reports and Behavioral Plans

Octavia Lamb provided an update that incident reports are still being redacted timely and incident reports are updated in the shared drive from July 11-17.

For June IRs, the Committee members have been given 714 incident reports in the Shared Drive. This included 41 open and 673 closed reports.

Type	Open	Closed
Accidental Injury	**1**	**122**
Consumer Missing	**1**	**5**
Deaths	**2**	**8**
Emergency Measures	**0**	**39**
Human Rights	**2**	**15**
Legal	**1**	**4**
Medication Errors	**2**	**69**

Neglect	**9**	**27**
Other Abuse	**8**	**48**
Other-Behavior	**0**	**194**
Other -Injury unknown	**3**	**102**
Physical Abuse	**10**	**21**
Property Damage	**2**	**0**
Suicide	**0**	**19**
TOTALS	**41**	**673**

Number of Questions for QIM: **84**. members of the committee will send the incident reports questions to the DDD Liaisons **Jeffrey Yamamoto and Octavia Lamb.**

Roundtable concerns from members

Karen Van Epps requested an update on Article 9

Sherry Wilhelmi requested an update on a response on the pain scale

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Adjournment

The meeting was adjourned by Karen Van Epps. The public meeting ended at 11:51 am.

The next District Central IOC meeting will be held on August 23, 2021 at 10:00 am.
