



**Arizona Department of Administration
Arizona Department of Economic Security
Division of Developmental Disabilities (DDD)
Statewide Independent Oversight Committee Meeting
Meeting Minutes**

January 19, 2022 - 10:00 am to 12:00 pm

This meeting took place by electronic means due to concerns about Covid-19. There was not a physical location.

Call to Order

Meeting was called to order by Suzie Hessman. The date was January 19, 2022, at 10:03 am. The address of the meeting was Virtual, no physical address.

Welcome and Introductions

Present:

- **Suzanne Hessman** (District East Chairperson) (Facilitator)
- **De Freedman** (District West Chairperson)
- **Bob Malloy** (District North Chairperson)
- **Kin Counts** (District East member)
- **Keith Jansen** (District South Committee member)
- **Carol McNulty** (District Central Vice-Chairperson)
- **Linda Mecham** (District Central Committee member)
- **Karen Van Epps** (District Central Chairperson)
- **Bernadine Henderson** (District West Vice-Chairperson)
- **Jeffery Yamamoto** (DDD IOC Liaison)
- **Octavia Lamb** (DDD IOC Liaison)
- **Zane Garcia-Ramadan** (Assistant Director of DDD)
- **Larry Allen** (ADOA liaison)
- **Mary DeCarlo** (DDD Behavioral Health analysis)
- **Jennifer Myler** (District North Program Manager)
- **Delorah Grant** (Quality Improvement Manager for District West)
- **Joseph Jensen** (District South Quality Improvement Supervisor)
- **Brent Maloney** (District South Program Manager)
- **Fredreaka Graham** (AHCCCS IOC Manager)



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- **Mary Demery** (District West Program Manager)
- **Brian Kociszewski** (PRC Administrator for District East and West)
- **Joseph Tracewell** (District South Quality Improvement Manager)
- **Katrien Felez** (PRC Administrator for Districts Central, North, South)
- **Rachel Oehlerking** (Executive Consultant to the Assistant Director of DDD)

Health Plan Present:

- **Janet Holtz** (Mercy Care)
- **Vera Kramarchuk** (Mercy Care)
- **Summer Kamal** (Mercy Care)
- **Dawn McReynolds** (United Healthcare)
-

Public Attendance:

- **Lionel Delgado**

Call to the Public

Suzie Hessman: Made a call to the public: Lionel Delgado introduced himself as a member of the public a member with parent support and he had a few questions to ask. There is a shortage of staff because they do not want to take the vaccine or the booster, and those that are left to care for DDD members may or may not want to take the vaccine either.

Q: Is there a way that OSHA can mandate for all direct care workers to be required to take the vaccine to continue care of members?

A: DDD is not mandating the vaccine to be taken for any members or staff at this time.



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Q: when individuals are hired to work in facilities that care for DDD members is it mandatory to have a drug test done?

A: there is several requirements for employment including a fingerprint clearance card along with other requirements but does not believe that a drug test is required at this time. This will need to be looked into the statue and policy to identify requirements.

DDD Updates: Assistant Director Zane Garcia-Ramadan

Zane Garcia-Ramadan provided an update on COVID-19 numbers amongst the DDD population. There has been a major increase in positive cases amongst the DD population as of the week of 1/17/2022 there had been over 330 new cases and that was an increase of 100 more than any other week that the division had experienced. The division continues to encourage members, friends, and families to get the vaccine and booster because it is the most effective way to prevent severe illness and death from the virus.

Keith Jansen stated that starting the of 1/24/2022 the federal government will be giving out free N-95 masks at local pharmacies.

Zane Garcia-Ramadan- stated that he is aware of this, and it will be included in the ongoing live vaccination desk-aide document for any DDD staff to inform their DDD members and families and it provides updates on where to receive the vaccine, who's eligible, the waiting period between vaccines, who to contact if accommodations or transportation is necessary. The information from the FDA and CDC is being updated frequently and the division wants to have updated information available to staff so that they can share with members and their families. They still have in place their guidance document for QBA's that are in congregate settings. Last week the Federal Public Health Emergency was extended through April which means that all the temporary flexibilities for service delivery that have been able to be utilize since the beginning of the pandemic has been extended until June 30, 2022, pending if another extension will be given. Information has been received about concerns with DDD members receiving



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vaccinations in the Northern area of the state and the division has partnered with ADHS and one of their vaccine distribution contractors and other advocacy groups that has set up 3 vaccination events that will be occurring in Kingman, Paige and Show Low, AZ that is scheduled to happen on the last 2 Saturdays of February and the 1st Saturday in March.

Zane Garcia-Ramadan continued with the awareness of staffing shortages and from a vendor and direct care worker stand point they are aware that there are staff shortages currently occurring, but from an internal stand point there have been significant challenges within DDD in terms of staffing and various areas of the organization, especially from a support coordination stand point the division currently has over 200 vacancies within support coordination and they are trying to recruit and retain as many support coordinators as they can and there are a number of strategies that they have pursued, including pay increases which was included in the governors budget recommendation for the upcoming fiscal year. There is in hopes that this will be approved so that the division can provide permanent salary increases in hopes of improving recruitment and retention efforts. Staff has been amazing in spite significant increased caseloads, and they are working extremely hard to be timely as possible.

Zane Garcia-Ramadan concluded the discussion on the compliancy actions that the division had been issued by AHCCCS which largely impacted phase I of the Current2Future initiative. He was happy to announce that DDD received a letter stating that the division has been released from the access to care notice to cure. The division had been placed on the notice to cure since 2017 so it had been 5 years working hard to receive the release and move forward with other issues within the division. Also, they are moving forward with the roll out of the Person-Centered Service Document to all DDD members, it had been rolled out to at least 25,000 members, which constitutes 60% of DDD members and hoping to get to 100% in the next few months.

De Freedman asked if the focus is to make support coordinator pay raises permanent is the ARPA funding going to be used to support the pay raises?

Zane Garcia-Ramadan responded with no, the funding will not come from ARPA funds, it is a request from the governor's executive recommendation for the upcoming fiscal year and the legislator will need



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to vote whether they approve it or not. It will not be in the same area as ARPA, and the division has already been told that they cannot use the ARPA funding for state salaries.

Updates on Abuse & Neglect Training

Zane Garcia-Ramadan provided a summary about concerns that were brought up by IOC members from District Central and how a meeting was put together to discuss their concerns more in depth. He provided more details from the discussion from October's statewide meeting. He stated that the training was concluded by the Abuse & Neglect Prevention taskforce that was convened in 2019 by executive order from the governor to ensure the health and safety of Arizona's most vulnerable citizens. There were 30 recommendations from the taskforce report and one of the recommendations was to implement training for those vulnerable individuals on Abuse, Neglect, and exploitation prevention. The division worked with that taskforce to put together the most appropriate training for members on these topics and how to delivery it. They worked closely with the sexual violence and IDD collaborative which was shared by the Arizona developmental disabilities planning council, and they identified this member training on this topic that was nationally recognized and developed by self-advocates in Massachusetts and they decided to use that training as the bases for the member training in Arizona. From February 11, 2021, to March 10, 2021 DDD posted information about the Abuse & Neglect training for providers and members for public comment. As per policy the Provider training would be required, and the member training would be optional with the member or responsible person having the ability to choose whether they wanted to participate in the training or not. In the public comment posting it included over 80 pages of content for the member and it primarily included the flash card images that were being utilized to demonstrate what did and what did not constitute abuse or neglect and it was also mentioned on what facilitators should do if they noticed that the content was upsetting to the members or was being well received. After the public comment posting they received very little feedback and therefore proceed to implement the training in July 2021 with the intention of reviewing the progress after about a year and making adjustments as necessary based on member, provider and stakeholder feedback. Regarding the concerns from District Central they provided specific feedback and recommendations that were very helpful that will be taken to



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account as part of the annual review. Some feedback that was provided was some of the images used in the flashcards are not appropriate and could be triggering for members and there needs to be a standardized consent form for opting in or out of the training. Currently the training is being delivered in DTA or Group home settings and the suggestion from District Central is the training should only be delivered in group home settings because if it is delivered in a DTA setting it could cause an atmosphere of exclusion if the member opts out of the training. Also, it was suggested that the discussion of taking the training should be discussed at the 90-day planning meeting, and other concerns were the ability of direct care workers effectively delivering the training, and it was suggested that the training curriculum for providers would be okay to deliver to members instead of creating a separate training for members. These suggestions are exactly what the division are looking for.

Karen Van Epps wanted to know who came up with training materials for the members. She also expressed that District Central IOC has elevated their concerns to ADOA and the assistant director of DDD because the training for providers are fine it is the training for the members that is the concern. What upset her is the only tracking that is being done is who provided the training and who took the training or not. She felt that this is PHD level training that the division is trying to impose upon members, and this would be difficult for members to understand.

Linda Mecham stated that the meeting that they had with Zane went well and told the IOC members where they can see a copy of all the training materials on the DDD website. She expressed her concern that the only data that is being collected is who has taken the training and who has not. They are not going to find out from the training if there has been any reduction of the abuse and neglect throughout the state. They are not going to find out if there will be any post traumatic episodes from remembering previous experiences of abuse. The whole curriculum is too advance for DDD members and would like for the other IOC chairs and Vice-chairs to look at the materials and express how they feel if someone they knew that was with DDD had to go through the curriculum. The training for the provider is excellent and the training for a provider is the most important way that they can reduce abuse and neglect because providers are the ones who are supposed to protect and look out for DDD members.

Suzie Hessman asked where can IOC members view these materials?



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Zane Garcia-Ramadan provided a link: <https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers/current/training> for anyone to view the training materials.

Carol McNulty expressed her concerns 1) that the approach is that the members will be abused. 2) that if a member is taking the training and is triggered by what they are being trained on the trainer must move on and only provide resources and she felt that many DDD members may want to talk about their traumatic experience and the training is not set up to do that or set up to talk about individual problems the person presenting the training has to move on. Also, about the slides and how that was going to be interpreted, because they are trying to empower the person with a developmental disability to speak up, but many DDD members are not at the level of expressing themselves.

Linda Mecham stated in going back to what Carol said about DDD members (in regards to the slides), the problem is if the member is an auditory or visual learner how are they going to be able to explain what the message is conveying to them and the members will not be able to convey if the examples are okay or not. There are many things that are being presented to DDD members that are frightening for her.

Bernadine Henderson asked if members are not allowed to share their experiences, are the direct care workers providing the training qualified to help members work through their experiences?

De Freedman stated her concern is those that sat on the Abuse & Neglect taskforce in December learned from a survey that 90% of the direct care workers that were surveyed did not know that they were mandated reporters. So, if they are the ones presenting the curriculum, then there are many questions on if direct care workers are qualified to do so. The other thing was the training is supposed to be trauma induced, and how can an 18-year-old direct care worker be qualified to present this training to DDD members? The division has behavioral health professionals and why are they not the ones presenting this training?

Keith Jansen asked what about DDD members that are nonverbal?

Zane Garcia-Ramadan responded with at this time there is no qualification requirement to deliver the training, it is determined by the QBA, but it is something that should be looked into. He is glad that he heard all the committee's concerns. One of the challenges is that it is very difficult to find a one size fits



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all training approach. They did try to identify the best training that was out there because the alternative would be to allow the QBA's to come up with whatever training that they deemed appropriate, and the division had significant concerns about that. All the concerns that were expressed were every helpful in making adjustments as they head into the next year of this training. The suggestions about having qualified behavioral health professionals deliver the training is great, but it becomes difficult to find actual resources out there to be able to accomplish that.

Linda Mecham stated that the fact that the division does not have the resources to ensure that the appropriate people that are presenting this training this is scary to her because DDD members are put at risk who do not have a voice and does not have the ability to express themselves.

De Freedman Stated that she does not understand why the DDD health plans cannot be a part of the training and they can assistance with finding qualified individuals to do the training and did not understand why this service was not being provided by them.

Dawn McReynolds from United Healthcare stated they would be available to offer support to the OIFA offices in reviewing the training and possibly modifying from a person-centered approach to maybe developing a plan with Laura Piontkowski being on board and suggested talking about this after the meeting with Leah and Zane.

Zane Garcia-Ramadan agreed with Dawn and said that that would be a great idea and also wanted to remind everyone that this training was optional and that it is not a mandated training.

Suzie Hessman asked if the training is for members that are in a group home or attending a DTA, what about those that are not attending neither of them?

Zane Garcia-Ramadan responded with the policy only requires the training for members that attend a DTA or live in a Group home. It is currently not being offered for those individuals that do not live in a Group home or attend a DTA.

Kin Counts suggested that family members or care givers be trained to present this training first instead of looking out outside to direct care workers.



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Updates on Direct Care Workers Pay

Zane Garcia-Ramadan stated that the division was aware that there is a need to increase direct care workers pay in order to 1) for vendors to be able to recruit and retain enough workers to provide the services to DDD members and 2) to attract quality and qualified individuals to deliver those services so that they are not returning into some of the examples that were previously discussed. In October/2021 there was one provider rate increase that utilized funding appropriated by the governor's office and legislator, but that was just a starting point to a larger amount of funding that is coming through the American Rescue Plan Act (ARPA) plan. The division is currently waiting for two approvals to start distributing that funding. 1) is the approval that AHCCCS needs from CMS on the overall spending plan and 2) is the approval from the legislator to provide the expenditure authority to the state agencies (DDD & AHCCCS). They have not received a time when they will receive those approvals. They are tentatively communicating a June date when distribution of funds will start but are in hopes that the funding will be received sooner. A large part of the funding will go to direct care workers. They are looking at \$2.50 to \$3.00 a hour increase than what they are currently receiving. To help with the situation now an announce was made last week that another round of temporary incentive payments were given to providers that they can use to cover a number of needs but mostly for hiring and retention bonuses, the cost of overtime, etc. they are working to help bridge the gap until June when a substantial increase can be given to direct care worker wages. To ensure that after the end of the 3 years and to make sure funding does not disappear and direct care workers are forced to take a pay cut, legislators are being communicated with all these concerns up front so that the division can gradually increase year after year so that they have the commitment to maintain the higher levels of funding that would allow for the direct care worker wages to be sustained.

Update and Introductions of new BCBA's-PRC



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Mary DeCarlo gave an update on the statewide standardized Behavioral Treatment Plan template that was discussed at the statewide meeting in October/2021 and that it was shared with providers and qualified vendors this week. They also made some revisions to the PRC standard forms to reflect current practice. The new standardized template includes a personal information form, at a later date when they are able to successfully transition to that document, the old form will be retired. The feedback received from the provider community has been positive. Back in June/2021 PRC sent out 5,000 surveys to IOC members, panel members, guardians, DDD members that participates in the PRC and those surveys are available and can be viewed on the DDD website. The feedback that was received centered around statewide consistency, the need for additional training opportunities etc. With the new BTP template to the DDD training department, PRC offered content and impute on their curriculum, and it is being offered to providers and would like to know if the IOC would be interested in participating at a later date to orientate everybody to the new document especially those that participate on the PRC panel. In November of 2021 she was offered a promotion and will be transitioning out of PRC but still be supporting the BHA and working on strategic initiatives as part of the leadership program. Two new Behavioral health analyses were hired. Katrien Filez was hired as a behavioral health analysis and administrator for districts north, central, and south and Brian Kociszewski was also hired as a behavioral health analysis and administrator for districts west and east.

DDD Staff Updates

No DDD staff updates provided at this meeting

Updates on Person-Centered Planning Document

Jennifer Myler provided an update on the Person-Centered Service Plan. She gave a presentation on the status of who is using the PCSP and how members, families and staff have been impacted. As of 1/18/22 60% of members statewide over the age of three have transitioned to the PCSP and 31 Support



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Coordinators transitioned all their members over the age of three at the end of 2021. If anyone had any questions or suggestions on the PCSP there are resources available on the DDD website. There is always someone available to answer all questions and concerns in a timely manner. Some responses will take longer depending on the research that may need to be done to provide an appropriate and accurate response

Q: is there a process for Support Coordinator to copy and paste from the current ISP document to the PCSP?

A: the ISP is not compatible to paste on to the PCSP. Case Aides are made available to prep the PCSP with information like, medications and doctors ahead of time. They cannot do more because member information is always changing.

Q: is the biographical information and “what and does not work for me” section in the PCSP?

A: Yes, this that section is available but is provided in a different section. The PCSP was formulated to have a conversation rather than just asking questions and the intention is to be person-centered. There is no right or wrong section to put the information provided because it is less restrictive.

Linda Mecham stated looking at it from a direct care staff impute it be easier if the information was in bullet point format so that the important points so that “what works and don’t work” section can be available at first glance, rather than reading through an entire document for specific information rather than looking at information that they do not need to be aware of to work with an individual.

Jennifer Myler stated that they want to make sure that the direct care workers are getting the whole picture instead of only what does and does not work for the member. She appreciated the suggestion and can add that to their suggestions and explained that the PCSP provided a bigger picture then “what works and doesn’t work for me” section.

Q: Will this new document be easier for the direct care staff to capture the problems that the individual has, ex: what’s going to trigger the individual to lose control?



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A: There is a blank PCSP available for anyone to see what the format looks like for reference <https://des.az.gov/digital-library/ddd-person-centered-service-plan>. It is not necessarily easier or harder, but it is a shorter document.

Carol McNulty stated that she has seen the blank copy and she felt that the new planning document focuses more on the medical aspect than on the individual themselves.

Jennifer Myler stated that she can understand how Carol, could feel that way but the division wanted to focus on educating Support Coordinators on how to capture important information about the individual. Put if one feels that changes need to be made what is captured in the PCSP. The Support Coordinator can be contacted and make changes as requested prior to the final signatures. She can also be used as a resource if there are further questions.

Q: Because the Support Coordinators cannot copy and paste on to the PCSP, how is the division ensuring that all the information is accurate and consistent throughout the entire document?

A: they can bring the information forward from the old document to the PCSP, its just the information cannot just be brought from a specific section in the PCSP the information being brought forward may come from other sections from the old document to complete a section.

Q: as the information is gathered is it a stand-alone document or is there some way the information is being collected in a database so that the information is being shared up the chain?

A: If a Support Coordinator identifies the need for supervisor assistance and supervisors review files, but because there are so many member files being reviewed and supervisors are probably not reviewing member files on a one-on-one basis, but every supervisor has access to the PCSP's to know what was going on if it was reviewed one-on-one.

Q: If the responsible person or a member wants specific information including in the PCSP can it be added?

A: Absolutely.



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Jennifer Myler stated that each Support Coordinator has access to what is call a cross walk which provides a reference on what sections on the old document could be located or moved forward to the PCSP.

Roundtable Topics for Next Meeting

De Freedman accessibility of the DDD website and whether specific forms and tools are available to the public on the website and recruitment of IOC members

Linda Mecham would like a report from each individual districts

Karen Van Epps would like an update on Abuse & Neglect Training

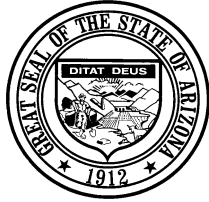
Next Meeting Date/Time/Facilitator Discussion

Octavia Lamb Advised the next scheduled time would be April 20th, 2022.

Facilitator to be determined at later date.

Adjournment

The meeting was adjourned at 12:00 pm by **Suzie Hessman**. The next meeting will take place virtually on April 20, 2022, at 10:00 am.



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