

Statewide Independent Oversight Committee Meeting Meeting Minutes

July 16, 2019 - 10:00 am to 11:30 am

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

Welcome and Introductions

Present:

- Suzanne Hessman (District East Chairperson)
- **De Freedman** (District West Chairperson)
- Carol McNaulty (District Central Vice-Chairperson)
- Pat Thundercloud (District West Vice-Chairperson)
- **Robert Malloy** (District North Vice-Chairperson)
- Cynthia McKinnon (District North Chairperson)
- **Jeffrey Yamamoto** (DDD IOC Liaison)
- Eric Houghtalin (DDD IOC Liaison)
- Richard Kautz (DDD Chief Advocate)
- Barbara Picone (DDD Program Manager)
- Leah Gibbs (DDD OIFA Administrator)
- Zane Garcia-Ramadan (Assistant Director of DDD)
- Michelle Pollard (DDD NCI Coordinator)

Health Plan Present:

- Laurie Ganzermiller (United Healthcare)
- Amy Pawlowski (United Healthcare)
- **Sophie Legaspi** (United Healthcare)
- Erneshia Pinder (Mercy Care)

Public Attendance:

No members of the public attended this meeting.



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Call to the Public

Sophie Legaspi: Read the United Healthcare response to the request for additional information that **De Freedman** sent in prior to the meeting.

"UHCCP's Quality Management team has mechanisms in place to assess the quality and appropriateness of care furnished to members with special health care needs. This includes the track and trending of member and provider issues, through investigation and analysis of quality of care (QOC) issues related to abuse, neglect, exploitation, suicide attempts, opioid-related concerns, alleged human rights violations and unexpected deaths. Additional monitoring occurs through comprehensive onsite provider chart audits to identify any potential QOC or other concerns identified, corrective actions are implemented in order to bring provider into compliance. Provider education is offered twice a year through provider forums, information available on our website, and educational information for members is offered through UHCCP's Member Handbook, participation on our Member Advisory Council (MAC) and other community forums."

De Freedman: Provided context to the initial inquiry.

District Updates

District East

Suzanne Hessman: Advised that the committee has met all three months since the last statewide meeting by Google Hangouts. Added that she believed that the committee lost one member during the last quarter. The committee has been reviewing incident reports (IR) without incident. She added that behavior plans (BP) hadn't been delivered last month.

Jeffrey Yamamoto: Advised that District East IOC lost two members in the last quarter. He noted that the committee has nine active voting members and one non-voting member. Also advised that the BPs



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were not delivered because IOC members have been attending the Program Review Committees (PRC) online (virtual meetings).

District North

Cynthia McKinnon: Advised that they lost one person during the quarter. She advised that the committee is following Covid-19 very closely and that the most recent IRs are just starting to give a better picture of what is happening in that respect. She added that they have a lot of questions about the care being provided and the parameters that were set up by the state. They are also wanting to know how the parameters are being monitored. She added that they are low on members (six current voting members).

Eric Houghtalin: Added that the District North IOC has also opted to read open IRs in the categories of death and medication errors.

District Central

Carol McNulty: Advised that PRCs and IOC meeting are being done over the phone.

District West

Diedra Freedman: Advised that the District West IOC has had some difficulty getting quorum for meetings. She added that several of their members have children at home with no coverage for them during Covid-19. The last meeting was canceled due to lack of quorum and that they barely made quorum the two meeting prior to that. She added that they are continuing to review IRs but that the number has been diminished. She noted the concerns that they have been having with members (especially in group homes) in regard to infection control (PPE required, how they are keeping infected isolated, etc). She advised that they currently have eight members of the committee.

District South (Sierra Vista)



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Eric Houghtalin: Advised that Mary Haynes retired from the Sierra Vista IOC to move back home to North Carolina. Added that the number of members was still strong but that the group is having difficulty meeting quorum. They are reading IRs and sending questions/comments to Mike Valdez (DDD volunteer QI and former QI Supervisor). He added that recruiting was slow in that area as well.

District South (Tucson)

Jeffrey Yamamoto: Advised that District South (Tucson) is currently at 10 members. They are looking for a Co-Chairperson to work with **Jessica Richards**. They are still reading and reviewing closed IRs. They are also looking for new recruits, but it has been slow due to Covid-19 restrictions.

DDD Updates: Assistant Director Zane Garcia-Ramadan

Zane Garcia-Ramadan: Advised of some of the key work being done at DDD. He acknowledged that a lot of it has to do with the response to Covid-19. Covid-19 has impacted DDD members. As of July 13, 2020, there have been reports of 488 members that have contracted Covid-19 and 246 of those are in their family home and 242 are in group home settings. 27 reports of members that have passed away as a result of the virus. He added that as this is a serious situation, DDD is putting as many measures as possible to protect members and the professionals in the DDD system. He added that even during the pandemic, they have been striving to ensure that DDD members are receiving necessary services.

Steps that have been initiated:

- Around mid to late-March, support coordination has been holding 90-day planning document meetings by virtual means,
- Suspended on-site monitoring of group homes. He added that QI teams will still go out if there
 are any reports of health and safety concerns for members. The QI employees are given
 appropriate PPE to wear during their visits,



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- Encouraged the use of telehealth services when possible. This will include therapy services. Services such as habilitation can be delivered via telehealth. He noted that the use of telehealth has been significantly increased and this has increased the availability to healthcare services for DDD members. He noted that prior to telehealth, there were about 800 DDD members that had to endure long waits for healthcare services.
- DDD had expanded the maximum respite from 600 to 720 hours for the year.
- Family members of DDD members will be allowed to be paid caregivers for minor children.
- DDD has provided some flexibility and extensions for trainings for caregivers.
- There is now a home delivered meals benefit.
- DDD has tried to increase outreach by a number of different methods such as the DDD Covid-19 website. The site provides numerous resources to providers, families, and members in plain language. These include mental health resources. Every two weeks, there have been virtual town hall meetings hosted by DDD on Thursday evenings. Support Coordinators have been instructed to reach out to members and families to ensure that they have everything that they would need.
- DDD also has increased communication with their staff to ensure safety and a consistent message is being delivered.
- DDD developed a comprehensive guidance document for providers to make it safer for them to provide necessary services to DDD members. The document was compiled with the help of CDC and ADH recommendations with some increased specificity in how the guidance could be applied in the IDD settings and given some of the realities that providers and members will likely face.
- They developed a protocol of how vendors and providers should report when they're aware of a member who has tested positive for Covid-19. The also have provided guidance of how vendors and providers should follow through after a positive diagnosis.
- DDD has begun direct outreach to the providers to ensure that they have all of the support that they need in order to safely care for the members.
- DDD has authorized incentive payments for caregivers to encourage them to continue to provide services to DDD members. This has been made available via two different strategies.



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- o Lump sum payment to help with cost of PPE, overtime wages, etc.
- Temporary incentive rate adjustments for services that offer direct care to DDD members. Vendors must agree to distribute at least 80% of money received directly to caregivers.
- DDD has sent out clear guidance to providers that they will have to update their pandemic plans to be in alignment with the most up to date guidance provided by the CDC, AHS, and DDD. Advised that DDD has staff that are reviewing the pandemic plans and providing direct technical assistance to vendors to ensure compliance and safety.

Added that DDD has also been focusing on the notices to cure as directed by AHCCCS. He noted that the notices to cure have been taken seriously as they would like to not only have the notices lifted but also to provide the best possible care to our members. The four notices to cure that are being addressed currently are:

- Improving the vendor call process.
- Improving access to care for DDD members.
- Addressing a series of incidents from a 2018 backlog that were not properly addressed. He noted that these have been addressed as of early 2020.
- Transitioning DDD claim processing to one that is compliant with Medicaid standards. He added that DDD has been using their own home-grown coding system that's not necessarily compliant with the best national practices.

DDD is also focusing on the upcoming operational review (OR) that are going to be conduced by AHCCCS in the near future. He noted that these occur every three years and to prevent any more notice to cures, DDD is trying to ensure that all policies, processes, and procedures are in place to allow adequate responses to the OR and to best serve DDD members.

He noted that DDD also operates the American Indian Health Plan. He added that DDD serves around 1,100 tribal members throughout the state. He clarified that these are American Indians and Alaskan



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natives. He advised that about half of these are receiving physical and behavioral health through the health plans (Mercy Care and United Healthcare). He advised that the remaining members are receiving services with DDD directly operating a fee for service program to meet their physical health needs. He noted that DDD doesn't believe that fee for service programs are sustainable and that DDD has been working with the tribes and AHCCCS to transition the fee for service program into one administered by AHCCCS. He advised that AHCCCS has expertise in this area as they run their own Native American health program .

Suzanne Hessman: Asked **Zane Garcia-Ramadan** if he had any break down as far as Covid-19 deaths in terms of age or where the members were residing.

Zane Garcia-Ramadan: Answered that of the 27 deaths, nine were residing in their own family home and 18 living in a licensed resident setting.

Cynthia McKinnon: Asked **Zane Garcia-Ramadan** if group homes were being visited by unannounced visits to ensure that the Covid-19 parameters were being followed.

Zane Garcia-Ramadan: Answered that at the moment, DDD was not conducting unannounced visits unless there were a piece of information that would suggest a possible health or safety issue.

Cynthia McKinnon: Asked **Zane Garcia-Ramadan** if all sites were being provided PPE for providers and members. She also asked if tests were available for both members and providers.

Zane Garcia-Ramadan: Answered that each of the vendors have been provided funding to furnish themselves with appropriate PPE. In the event that the vendor is unable to procure PPE through their regular sources, the Division has been working with the provider to get them in touch with the county health department to further assist them. If a member in a group home test positive for Covid-19 and the vendor can't seem to get PPE, the Division can provide an emergency supply to them. He also advised that members are not being required to wear PPE in their home setting at this time. He added that testing is not being organized or mandated by DDD. He continued to say that the Division is encouraging



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members and caregivers to get tested if they begin to exhibit symptoms of Covid-19 or if there is a suspicion of infection in the home. He clarified that if one of the members within the group home were to be tested positive for Covid-19, that the entire home would be encouraged to get tested as well.

Cynthia McKinnon: Asked Zane Garcia-Ramadan how members that test positive are quarantined.

Zane Garcia-Ramadan: Answered that there were very clear parameters of how to socially isolate members in a congregate setting. Some of the strategies include:

- One to one interaction between staff and the infected member. Not allowing them to take care of members that are not positive after rendering care for the positive member.
- When it is possible, member should have their own bathroom that is shared with others.

Leah Gibbs: Added the following strategies to the list above:

- Handling of linens and clothing (infection control protocol).
- Use of plastic bags for linens, clothing, and personal care items.
- Allowing longer shifts for staff.
- Some agencies have the capacity to move infected members into an empty home that they dedicate to members that are Covid-19 positive.
- DDD support and QI staff are making ongoing contact with providers when a member test positive to help develop strategies and mitigate the spread of the virus.
- DDD has not only a higher rate for caregivers but also the ability to negotiate rates on top of that if the member(s) test positive to help offset the needs of the vendor.
- Has developed a congregate care guide as well a specific guidance for providers to protect themselves and slow the spread. These are available on the website.
- There has also been a guide for providers to help identify high-risk members and how their disabilities may affect proper care.



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Cynthia McKinnon: Asked if DDD has requested additional Covid-19 funding. She related an incident where staff has been forced to work with fevers.

Zane Garcia-Ramadan: Advised that the rate increase should help cover costs for the providers. He added that the increase is expiring July 31, 2020 but that the Division is working to extend that time. He advised that DDD is working to identify the sources of funding that will allow them to extend the rate increase time. He also advised that the funding being provided now has been meeting the needs of most of the vendors.

Cynthia McKinnon: Added that the US Department of Justice ruled that developmental disabilities are not to be use as waivers to not wear masks.

De Freedman: Asked if DDD was working with the health plans to develop testing services.

Zane Garcia-Ramadan: Answered that this is not something that they are currently exploring. He added that they are encouraging members to get testing done through community testing means.

Amy Pawlowski: Advised that the health plans are not developing any sort of means to get widespread testing done. She advised that they don't have a lot of say in the matter and cannot control that aspect as of right now.

De Freedman: Advised that public testing can include a wait of 13 hours and that it wasn't easy for DDD members to do.

Cynthia McKinnon: Added that Arizona has the lowest number of test performed and the highest number of positive test results per capita in the world. She suggested that the health plans and DDD should be raising to decision makers.

Amy Pawlowski: Answered that she doesn't disagree with **Cynthia McKinnon** but that the system needs to come together to work on testing strategies for members. She encouraged family of DDD members to share real stories with decision makers such as our elected officials to make it feel real for them.



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Cynthia McKinnon: Added that the University of Arizona is testing a sputum test. This would allow members to spit in a vial and it would tell them if they have Covid-19.

Amy Pawlowski: Advised that this wasn't a health plan or DDD controlled item.

Division of Developmental Disabilities Updates

Richard Kautz: Advised that he is working with **Jeffrey Yamamoto** and **Eric Houghtalin** to increase recruitment. He advised that word of mouth seems to be the only viable means of getting IOC member numbers up. He advised that they might start mailing letters out. He asked that if the Chairpersons of each IOC were to have anybody to let them know. He advised that he and **Barbara Picone** have a meeting with IT to try to find a way to provide IRs and BPs electronically. He thanked the IOC members and Chairpersons for their work that they continue to do for DDD members.

Arizona Department of Administration Updates

Larry Allen was not available for the meeting.

Eric Houghtalin: Advised that he emailed Larry Allen to provide updates and there was no reply.

CEPS Discussion

De Freedman: Advised that Karen Van Epps (absent) wanted to know if there is a plan in place to get members homes when CEPS closes.



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Zane Garcia-Ramadan: Advised that there was an extensive plan in place. He advised that they have already released the initial vendor calls to the vendors. He added that there was a scheduled meeting between Division staff, families of members, and those members living in CEPS group homes that will allow them to get updates out and explain the next steps. They are also working with other vendors to possibly take over existing group homes. He advised that it would be a complicated and long process but that they should have all members moved into appropriate placement in a home.

Article 9 Discussion

De Freedman: Advised that **Karen Van Epps** wanted to know the status of the Article 9 update.

Eric Houghtalin: Advised that he sent out emails to **Mary DeCarlo**'s assistant PRC head. He advised that the reply he received was that Article 9 was in the Director's office and they are waiting for approval before posting it for public comment.

De Freedman: Asked about electronic signatures in regards to PRCs. She wanted to know how a verbal okay would hold up.

Suzanne Hessman: Clarified the question.

De Freedman: Advised that **Karen Van Epps** was specifically concerned about a lack of a doctor's signature.

Zane Garcia-Ramadan: Advised that the Division would be pursuing electronic signatures but, in an instance, where a member or family couldn't provide signatures, that the verbal signature was being utilized until such a time that they could start going out into the community.

Suzanne Hessman: Asked if there was an electronic signature platform that is being utilized throughout PRC and DDD.



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Eric Houghtalin: Answered that DDD is using Adobe for electronic signatures.

Suzanne Hessman: Asked Eric Houghtalin if it only needed to implemented.

Eric Houghtalin: Advised that it would seem that way.

Person-Centered Plan Discussion

De Freedman: Read an email from Karen Van Epps about the topic.

"The new person-centered plan has an August 8th to respond to the new planning document. It can be accessed at hcbs@AzAHCCCS.gov. My concerns are on pages 10 and 12 where home life and (unintelligible) programs are mentioned. Here, (unintelligible) to case managers if any of the listed questions are negative. These questions are the description of the members' lives. Will a separate document be developed for DDD? I'm also concerned that this document was sent to providers not members or IOCs, the people that are most affected."

Carol McNulty: Advised that the questions on page 10 are some that members may not be able to answer. The questions she mentioned were:

- "Did you pick where you live?"
- "Did you pick the people you live with?"
- "Are you allowed to eat when and what you want?"
- "Do you have a key to your home?"

She advised that, knowing the process, members have few choices where they are going to live and will share the home. She advised that these questions were unrealistic for the developmental disability population. She added that she believes that the questions should be more aligned with the realities of the system.



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Suzanne Hessman: Noted her disagreement to **Carol McNulty** about members not having choices. She advised that having the lack of choice documented is important.

Zane Garcia-Ramadan: Advised that this should be addressed in the AHCCCS public comment. He encouraged **Suzanne Hessman** and **Carol McNulty** to submit their questions.

Carol McNulty: Continued to illustrate more suggestions in regard to education questions.

Eric Houghtalin: Advised that this would also be a good opportunity for **Carol McNulty** to go to the AHCCCS public posting and make a comment per the suggestion of **Zane Garcia-Ramadan**.

POTUS Administration on DD Services Discussion

De Freedman: Advised that the President's administration just released a 99-page document with Covid-19 information that is relevant to the DDD community. One key point was the requirement that the Americans with Disabilities Act was followed in regards to health care. She advised that four states issued guidance in regards to this. She asked what DDD was doing in this area.

Zane Garcia-Ramadan: Answered that this is a concern that the Division has brought to AHCCCS and AZHS. He advised that the issue is being looked at now.

De Freedman: Asked if DDD was reviewing the administration document to help shape their own guidance.

Zane Garcia-Ramadan: Advised that DDD has a team that reviews all pertinent guidance and acts on those as needed. He advised that he believes that the team is in the early stages of reviewing the document in question and that changes would be made as needed.



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Roundtable Topics for Next Meeting

De Freedman: Asked if anybody was studying the data about telehealth to analyze how (after Covid-19) DDD is learning any lessons about service delivery that can be incorporated we move forward.

Cynthia McKinnon: Added that the number of people in Arizona that are receiving healthcare is skyrocketing under Telehealth.

Zane Garcia-Ramadan: Advised that DDD is analyzing. At this time, the analysis is coming from the quantitative standpoint. He added that he believes that the qualitative aspect of it needs to be analyzed further.

De Freedman: Asked **Zane Garcia-Ramadan** to add her input to any taskforce that may be assembled.

Zane Garcia-Ramadan: Advised that he would include her if a workgroup was formed.

Richard Kautz: Asked Zane Garcia-Ramadan to clarify if behavioral health was included in the Telehealth model.

Zane Garcia-Ramadan: Advised that he didn't have that information with him.

Suzanne Hessman: Advised that her daughter is getting behavioral health via Telehealth.

Richard Kautz: Asked if it was working well for her and was it effective.

Suzanne Hessman: Advised that she was only doing medication reviews and that has been effective.

Pat Thundercloud: Asked about the ability of physicians to be able to mail out prescriptions on

Telehealth.

Suzanne Hessman: Advised most doctors give electronic prescription.



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Eric Houghtalin: Asked if the change from not being able to send narcotic prescriptions electronically was a result of Covid-19.

Suzanne Hessman: Advised that she had a surgery in January and was given electronic prescriptions for her pain medication. She noted that it was allowed because of better security.

Next Meeting Date/Time/Facilitator Discussion

Eric Houghtalin: Advised that Karen Van Epps attends PRC for District Central on Thursdays. He proposed October 21, 2020 at 10:00 am.

The committee Chairs agreed that next statewide meeting will take place on October 21, 2020 at 10:00 am. Facilitator to be determined.

Adjournment

The meeting was adjourned at 11:30 am by **Suzanne Hessman**. The next meeting will take place at 5328 E Washington St, Building C, Phoenix, Arizona 85004 on October 21, 2020 at 10:00 am.