



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

July 21, 2021 - 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 Karen Van Epps. The date was April 21, 2021, at 10:03 am. The address of the meeting was Virtual, no physical address.

Welcome and Introductions

Present:

- **Karen Van Epps** (District Central Chairperson) (Facilitator)
- **De Freedman** (District West Chairperson)
- **Bob Malloy** (District North Chairperson)
- **Kin Counts** (District East member)
- **Keith Jensen** (District South Committee member)
- **Carol McNulty** (District Central Vice-Chairperson)
- **Linda Mecham** (District Central Committee member)
- **Sarah McGovern** (District East Vice-Chairperson)
- **Jeffery Yamamoto** (DDD IOC Liaison)
- **Octavia Lamb** (DDD IOC Liaison)
- **Richard Kautz** (DDD Chief Advocate)
- **Leah Gibbs** (DDD OIFA Administrator)
- **Barbara Picone** (OIFA Program Manager)
- **Zane Garcia-Ramadan** (Assistant Director of DDD)
- **Michelle Pollard** (DDD NCI Coordinator)
- **Larry Allen** (ADOA liaison)
- **Mary DeCarlo** (PRC Manager)
- **Joan McQuade** (Quality Improvement Manager for District East)
- **Jennifer Myler** (District North Program Manager)



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- **Delorah Grant** (Quality Improvement Manager for District West)
- **Megan Taylor** (District East Program Manager)
- **Joseph Jensen** (District South Quality Improvement Supervisor)
- **Megan Dougherty** (District Central Program Manager)
- **Patricia Sandino** (PRC Specialist for District Central)
- **Barbara Carty** (District South PRC Specialist)
- **Dalmen Dore** (Interim-District West PRC Specialist)
- **Christina Underwood** (Behavioral Health Medical Director for DDD)
- **Juanita Schiffer** (District Central Area Program Manager)

Health Plan Present:

- **Janet Holtz** (Mercy Care)
- **Vera Kramarchuk** (Mercy Care)
- **Laurie Ganzermiller** (United Healthcare)
- **Karen Kramer** (United Healthcare)

Public Attendance:

- **No public attendance**

Call to the Public

No members of the public attended the meeting



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DDD Updates: Assistant Director Zane Garcia-Ramadan

Zane Garcia-Ramadan provided an update on COVID-19 numbers amongst the DDD population. There have been 25 new cases that have occurred in the last two weeks and based on the trends that have been happening within the state the division is expecting that number to increase in the upcoming weeks. So far 50% of DDD members have received their COVID-19 vaccination and this number is right in line with the general population within the state. The hope is that the number of vaccinations will increase within the DDD population and is diligently working with the DD planning counsel and NAU with some of the initiatives that they are perusing when trying to break through the vaccine hesitancy among DDD members and families.

Zane Garcia-Ramadan continued to discuss the DDD flexibilities that have been in place for over a year. All of them are still in place currently and they will remain in place until the end of the Public Health Emergency Plan. The Department of Health and Human Services has extended the Public Health Emergency for an additional 90 days. Effective July 1, 2021 all direct care workers are required to complete their training requirements within 90 days of being hired. Another flexibility, the temporary incentive rates for providers that have been extended through September 30, 2021. The funding was directed to go to direct care workers to continue all the work that they do and to ensure that members receive services. In the budget that was passed in early July/2021 funds were designated for provider rate increases and when the funding is matched with the medical care funding that is received from AHCCCS and CMS this provides a good opportunity to support the network. There is an exciting initiative occurring currently and it is part of the Federal Government American Rescue Plan Act (ARPA) there is funding being made available for the state's Home and Community based services. AHCCCS has held a couple of community-based forums to solicit input on how potential funding could be best utilized within the system. To support this decision the division has reviewed the annual reports from the IOC committee and have seen a common theme in the reports that there is a lack of funding for direct service providers and those that are providing services to members and the division agreed with this and through the (ARPA) spending plan and the link to this plan is



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<https://www.azahcccs.gov/AHCCCS/Initiatives/ARPA/index.html> there are millions of dollars that are being proposed for a base salary for direct care workers and it will also allow for funding for enhanced training, education, professional development, etc. If the plan is approved, it can transform the system and he encourages all to read the plan to be aware of the initiatives as it relates to the Medicaid system trying to pursue home and community-based services. There are some other areas that are being focused on such as strengthening behavioral health services, training behavioral health providers on the needs of the IDD community and providing professional development so that they can better serve DDD members in this area, because the division have seen challenges in the past couple of years in transitioning with individuals complex, co-occurring behavioral health, DD needs and getting the services that they require.

Zane Garcia-Ramadan addressed the topic of parents being paid as providers to their minor children and in the (ARPA) spending plan it has been proposed to extend the ability for parents to be paid providers to their minor children through March/2024 at which then a thorough analysis can be done to request a permanent extension. The spending plan will also extend the ability for DDD members to participate in the Home Delivered Meals program and are hopeful that CMS will approve. AHCCCS submitted the plan on July 12,2021and CMS responded with they will try to respond within 30 days of receiving the proposed spending plan and the division is hopeful that confirmation will be received by mid-August so that improvements can be made to these initiatives. Another initiative that he wanted to make everyone aware of was the update to the qualified vendor agreement contract. Since September/2019 the division has been working with a consultant and the Human Service Research Institute to see how they can improve the current qualified vendor agreement to improve the quality of services that members are receiving. The group has been receiving feedback from different stakeholder including members, families, advocates and vendors and a revision of the agreement was made on June 28,2021 it was posted for public comment on the DDD website, and it will be posted for public comment for 60 days which is at the end of August. The link to read and comment is

<https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers/qualified-vendor-agreement-qva-public-comment>.



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Zane Garcia-Ramadan Lastly spoke about the Current2Future initiative. This is how the division will move forward and manage the competing demands that they have as a division and trying to balance. The focus in the first phase which began in 2020 has been on compliance efforts and resolving 5 notices to cure and getting released from them so that the division can begin looking towards more innovative and forward initiatives. There have been progress made and on June 18, 2021 they were fully released from the first notices to cure from AHCCCS and a plan is in place and are confident that the division will be released from all the notices to cure by the end of this calendar year. As the first phase is beginning to be released, they are beginning to look at the next phase and what it would like in 2022 and tackle some of the initiatives that have been put on hold and working through some compliance related actions.

Q: What are the remaining notices to cure in the first phase?

A: In the first phase of the Current2Future initiative there were 8 different initiatives and 5 of them were notices to cure that was discussed previously. One was the access to care, vendor call, quality management, claims processing system and a nursing assessment tool that needed to be development. The other part of this was completing there once a year review of DDD and is scheduled to occur in the month of August and will be completed by August 26, 2021.

Q: As of July 2021 it was mentioned that training will continue, does that include Article 9?

A: the direct care training has to do with providers providing Attendant Care as well as personal care to DDD members, and has been a requirement for several years, but it was temporarily suspended and was reinstated. Article 9 has always been a requirement. It went to a virtual format instead of in-person throughout the pandemic.

Q: what are the new COVID-19 numbers amongst the DDD population?

A:

https://des.az.gov/sites/default/files/media/DDD_COVID_chart_week_over_week_033021.PNG?time=1626790319 the link to a graph of the COVID-19 numbers since January 2021.

Q: Is there a breakdown from the new COVID-19 cases of how many where from residential settings or own homes?

A: we do not have a breakdown on the 25 new cases but from the start of the pandemic the division has had 1,792 members test positive that lived in their own home or family home and 1,124 members that lived in a licensed residential setting.



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Q: of those numbers were there any data on if those members were vaccinated or not?

A: That information has not been provided currently

Zane Garcia-Ramadan stated the percentage of DDD members overall, since the pandemic began that has tested positive for COVID-19 and who have passed away from COVID-19 the percentages are significantly lower than Arizona as the state. He believes the measures that were put in place during the height of the pandemic were effective.

WellSky

Zane Garcia-Ramadan stated that this relates to the Current2Future initiative and one of the compliance actions that the division is currently on. The claims processing system for many years have been out of compliance with Medicaid, HIPAA and transaction codes that are requirements, what the division have done over the past year was work with an external vendor called WellSky to set up a new claims processing system that will put the division back in to compliance with the Medicaid regulations. The original plan was to have the new system for providers to submit their claims to go live on September 1, 2021, but some testing that was done with some vendors a few weeks ago pointed to some issues that had not been resolved upon further review and would need additional work before it was rolled out. The division is currently working out those issues so that it can be in compliance and can go live. It will not negatively impact the current vendors and the go live date has been pushed back and will give vendors a significant amount of opportunity for training ahead of the new system going live.

Q: there has been talk about a new coding system set to come out in September is WellSky the system the coding system?

A: Yes, WellSky is the new coding system, DDD have utilized a 3-digit coding system, however the national standard is to utilize HCPC: Healthcare Common Procedure Coding. In addition to utilizing a new claims processing system the division is transitioning from utilizing the previous 3-digit DDD codes for services to the HCPC's codes for services.



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Mask Mandate for DDD members

Karen Van Epps stated that one of the IOC committee members has a daughter who is a DDD member and has been vaccinated and has been sitting at home for a year and a half and she wanted to return to her day Program, but the day program would not let her in because she would not wear a mask. The day program communicated that if they allow this member to attend without wearing a mask then they would have to allow others to attend if they choose not to wear a mask. The committee found out that other day programs are not requiring their members to wear masks and ADA stated that it is not a requirement.

Zane Garcia-Ramadan stated what that specific day program is doing is it is not following the executive order that was put out by Governor Ducey which prohibited masks wearing and that day program is making mask wearing a pre-condition of receiving services and he believed that, that day program should not be instituting that practice and wanted to look into this specific day program.

Karen Van Epps spoke for the committee stating that is what they wanted to clarify because they know of other day programs that do not require mask wearing and some members cannot wear a mask because of medical reasons.

Leah Gibbs stated that there is a link https://des.az.gov/sites/default/files/COVID19_QVA_Guidance_for_Congregate_Settings_Group_Homes_Developmental_Homes.pdf?time=1626887311176 that has been made available to all of the vendor community to provide information and guidance as it is updated through the CDC and the Arizona Department of Health Services. It talks about people who are fully vaccinated and those that may not be vaccinated, and it gives guidance to the vendor community about how to keep people safe and how to prevent the spread of the virus and it also, provides information about resuming activities for people that



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are fully vaccinated but being aware of individuals that may not be. Families can contact the customer services team and they will help navigate and work through with the qualified vendor on what their policy is and being said and what is being done.

Leah Gibbs also stated there have been direction given to all the qualified vendors that they need to share their pandemic plans with families that ask for them and that family can ask for that pandemic plan at any time.

Division Staff Updates

Richard Kautz let everyone know that another redactor will be leaving the team as of Friday 7/23/2021 and a total of two redactors have left the team, but he is working on interviewing others to help with redacting and the committees are receiving incident reports every two weeks. He requested feedback from the committee members on how the process is going because he believed that things were going well with the new system. All the incident reports are up to date for a while and received feedback from the redactors that they enjoy the new process and getting the incident reports out timely and redacted correctly.

Mary DeCarlo gave an update on the statewide behavioral treatment plan template and a work group has drafted a rough draft and final edits will be made and have it will be ready as a pilot program by August/2021 and the team is excited about this template because they have received feedback for a long time and there has been a need for a standardize template. The template will provide any direct care worker working in a DDD group home on how to pick up where the previous care provider left off and know where to go to get that information. Also, the PRC survey closed on Wednesday 7/21/2021 and she thanked everyone who participated and encouraged those that had not participated to do so because it will help inform specific areas with the initiatives for the next calendar year. So far what has come up as improvement on the survey is additional training for PRC panel members, support coordination and IOC.



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Also, Behavioral health provider involvement, writing behavioral plans, reviewing the plans and a continuation of PRC meetings being held virtually. As they get closer to return to work date, they will continue to have discussions on what that will look like and likely it will be a hybrid version because there has been an increase with participation in virtual meetings. She will also be developing a FAQ with common questions and this will be available on the DDD website. She will provide an update at the next statewide IOC meeting with some of the survey results.

DDD Response from PRC

Mary DeCarlo encouraged the IOC committee members to use the disposition form it is the best way in documenting any rights violations and following up with the group homes. The PRC chair should be identifying any rights violations in the PRC disposition, but the IOC disposition is required and when filled out by IOC then it is filed. If there are any specific health and safety concerns the PRC chairs have been instructed to deny the plan and to elevate to behavioral health administration or any health and safety concerns to the clinical health and safety review. If there are in concerns related to medication, then the concerns are sent to the medical director and she will complete a second level review of those medications and provide feedback to the team as far as clinical recommendations. If there are any concerns regarding the members behavioral health synthesis, the PRC chair will make a note on the PRC disposition form and make a referral to the district complex care specialist. If there are any concerns about the clinical appropriateness of the plan the PRC chairs would note on the PRC disposition form and elevate that to Mary for review, then she would provide a second level review and follow up with the team if necessary.

Karen Van Epps stated that the PRC disposition form that has been asked to be filled out by an IOC member was not approved or looked at before it was distributed by an IOC member. This form was created 3 years ago, and IOC never gave their approval. And the concern is it only goes to the provider



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and not to anyone from DDD and does not see the relevance to the form and district central IOC members have not been filling out the form.

Mary DeCarlo responded by saying that the IOC can create a form that best sees fit for the purposes of IOC and PRC has not required IOC to complete the disposition form, but strongly encouraged it because there was no DDD form, and it only serves the purpose of PRC. It may be helpful for the IOC chairs to get together and either revising the form to include the elements that are missing or identify something that can be approved to be used statewide.

Karen Van Epps stated that if the committee is attending a PRC meeting and there is a violation it is recorded by the PRC chair and the chair has to send it to the provider and a disposition form is not needed. The rights violation is recorded at the PRC meeting.

Mary DeCarlo stated that there is not always an IOC member present at the PRC meetings and the disposition form is for those that review behavioral plans outside of that PRC session and provides any rights violations. A shared drive was set a few months ago for those IOC members mirroring the incident reports for those that who were not able to attend PRC virtually but could review and give their feedback this way as part of their participation. She has received positive feedback that this process is working.

Linda Mecham stated that when it was explained about the medication and behavioral health that is one part of this but there is also the DDD side where it has to be looked into what's happening and are rights being violated because that is why IOC is part of PRC meetings and to make sure Article 9 is being upheld and if the medical side or the behavioral health side is the only thing being looked at, then a big part is being over looked with regards to the behavioral plan.

DDD Dental Care Concerns-Sedation

Karen Van Epps wanted to make everyone aware of a concern that was brought to Karen's attention by a parent whose son needed dental care in a hospital setting under anesthesia and the only choice that was provide to the parent was at St. Joseph's operating rooms (OR). St Joseph provided a message to the



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parent that they have decided to limit the OR for providing hospital dentistry for DD consumers and are wait listed is at least 6 months. There is an issue with DDD members needing dental care under anesthesia and St. Joseph's is the only hospital besides PCH who can provide this service and there is a month's long waiting list. Karen wanted everyone to know that this is an ongoing issue and many DDD members have Trach's and St. Joseph said that they do not get enough money from Medicaid reimbursement, so they have to ration the time that they allow members and their families to come to the OR.

Article 9

Linda Mecham is part of the Article 9 work group and she provided an update on what occurred at the Friday meeting and she felt that the meeting was very productive any everyone who attended expressed their opinion about Article 9. Christian Ide who is the administrated rules analysis who is assigned to work with DDD on Article 9 and proposed Article 9 was filed on April 23,2021 and it was posted for public comment. On May 25, 2021 an oral hearing was held and the results from that hearing was because the public comments and the changes were substantial. The team is doing the Notice of Supplemental Rule Making which is a restart for revisions of Article 9 and the purpose of the meetings are to work on the comments that have been previously received and work on any new comments and all of them are being considered for drafting a new Notice of a proposed supplemental rule. The process for filing for the supplemental rule was to file any changes to the Secretary of State by April 23, 2022 and if they fail to file by this day then the docket will close, and the process will have to start all over. All the public comments submitted are very lengthy. The first section that the team discussed was looking at the best practices and how the original team looked to other states to incorporate their practices to what Arizona is doing and that is how the current Article 9 was created. They also discussed the federal Regs that they have not changed and do not want to be out of compliance with and federal legislation. Also, they discussed the definition of terms and comments surrounded by the behavioral health professionals as well as managing employee and psychotropic medications. There was a discussion about concerns with psychotropic medications and PRN usage.



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Karen Van Epps stated during the PRC topic with Mary DeCarlo that when reviewing the revised Article 9 provider representation was left out of the revision and advised that be put back into being part of Article 9.

Mary DeCarlo stated she agrees with how important the provider reps. are and does not know why they were removed in the current revision and the work group will review all the comments from Article 9 for the next several weeks and will start revisioning Article 9 once again and will consider putting the provider reps back in the revision.

Karen Van Epps stated that “the district program manager or its designee shall act as chairman” has also been removed from the revision as well and does not know why this was taken away from the district program manager because one of the biggest problems she has seen is support coordinator many times does not know the member, just received the behavioral plan, has only seen them virtually, does not have a handle on what’s going on, and the only way to get the missing information is to report to the district program manager instead of the behavioral health team.

Q: why was the role of reporting information to the district program manager removed and given to the behavioral health provider?

A: to be in line with the integration back in 2019, PRC was moved under the behavioral health administration for additional clinical oversight of the program, and it was more appropriate to move behavioral treatment plans under the behavioral health administration, but PRC still works closely with the district and area program managers. As far as support coordination and their involvement with PRC a proposed standard of work is being developed to explain the role of the support coordinator and PRC this was not developed in the past and the hope would be that the support coordinator that is familiar with the member would take part in the PRC.

Q: When the new Article 9 is approved, will the training be available Online as well as in-person for the IOC’s?



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A: Yes, it will not only be available Online for IOC's but it will be available for public comment again, because the process will start all over again for proposed changes and given back to the Secretary of State's office and there will be an opportunity for more impute once the work group is finished.

Care Concerns Closures

Karen Van Epps was asked by a parent who had a care concern and received a response back that it was closed with no reason specified. She wanted to bring this to everyone's attention and the question is, is this a general practice when a care concern is closed a reason is not provided as to why it was closed?

Richard Kautz stated he is aware of this issue from working on another case and he has contacted the care management team and is still waiting for a response back from them regarding this concern. He will follow up with the committee when a response is given.

Leah Gibbs stated that once there is an incident that is elevated to quality care it goes into a peer review process that goes through performance improvement and education. Through the peer review process, it is a protected process and legally they do not release the resolution of what action was taken.

De Freedman stated that there is communication issues with the division, and the file is not closed if quality care is still in the peer review stage and information cannot be provided, it just means that the person or family who filed the concern is not entitled to the result because of legality. The concern she had was it is not right for the family or person to receive a letter that says it is closed with no explanation, but it should be communicated that it is in some part of a review stage but not closed. She suggested that someone from quality care should attend the next meeting to explain their process.

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Larry Allen gave some updates, to fulfill the requirements of statute 41-3804 the guidelines or bylaws was posted for public comment for 30 days and was taken down and all comments were sent to the division's director for his signature and approval and when received he will provide the information to the committee chairs and post it online on the IOC website. Also, Yearend annual reports for 2020-21 are due to ADOA and the IOC liaisons by the end of August.

Q: Regarding the bylaws where they sent individually to each committee?

A: Yes, they were, they are long standing bylaws that have been created by each committee about 2 years ago and now that all the IoC's have complied and submitted their guidelines they were submitted at all one time and that was the cause of the delay, but they should be signed soon and will be sent out to all IOC's.

Roundtable Topics for Next Meeting

De Freedman would like communication between IOC members and DDD staff when it comes to PRC

Karen Van Epps stated she would like an update on Article 9 and its revisions and requested someone from quality care join the next meeting and address the process of care concerns.

Next Meeting Date/Time/Facilitator Discussion



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Octavia Lamb Advised the next scheduled time would be October 20th, 2021.

Facilitator to be determined at later date.

Adjournment

The meeting was adjourned at 12:00 pm by **Karen Van Epps**. The next meeting will take place virtually on October 20, 2021 at 10:00 am.