

Monday, July 25, 2022 - 10:00 AM to 12:00 PM

Call to Order

Meeting called to order by Committee Chairperson, **Linda Mecham**. The date is July 25, 2022, at 10:05 AM. **The meeting took place Virtually due to COVID-19**. Physical location when meetings resume in person will be at 4400 N Central Ave, Ste (to be determined) Phoenix, AZ 85012.

Welcome and Introductions

Attendance Virtually:

- Linda Mecham
- Sherry Wilhelmi
- Eva Hamant
- Carol McNulty
- Carolyn Willmer
- Eduarda Yates
- Chris Garcia

Attendance by Phone:

• Lisa Ehlenberger

Absent:

- Mandy Herman
- Tina Buettner
- Debbie Stapley
- Andrea Potosky
- Marlene Riggs

Public in Attendance:

• Lionel Delgado (entered the meeting after a call to public was announced)

Health Plans:

- Karen Kramer (UnitedHealthcare) attended by phone
- Vera Kramarchuk (Mercy Care) -attended by phone

ADOA:

• Absent



Monday, July 25, 2022 - 10:00 AM to 12:00 PM

DDD:

- Tyrone Peterson (DDD Behavioral Health Administration)
- Leah Gibbs (DDD OIFA Administrator)
- **Jeffrey Yamamoto** (DDD IOC Liaison)
- Patricia Sandino (DDD District Central PRC Chairperson)
- James Maio (DDD District Central Quality Improvement Manager)
- Joan McQuade (DDD Chief Advocate)
- Michelle Rademacher (DDD IOC Liaison)

Call to Public

Linda Mecham asked the public to introduce themselves. No public was in attendance at the time.

Update on DDD Members in ASH by Tyrone Peterson from Behavioral Health

Tyrone Perterson reported there are currently two members from District Central and three members overall at the state hospital. Tyrone asked what led to the invitation to the meeting today. Linda Mecham stated, per review of incident reports and IOC oversight, information was being requested to know what is going on with the members. Tyrone stated reports are received from the health plans and support coordinators report per team meetings. Treatment plans are reviewed regularly, monthly. The state hospital has about 117 "civil beds" at State Hospital, with no vacancies. State Hospital is concerned about the census there because the hospital is full and there is no movement. The average length of stay at the state hospital is five years. The two members there from DC have each been there 10 years. DDD has concerns about the length of stay. DDD is also concerned that some of the behavior that has been reported does not show that the members are ready for community living. Limited active treatment is being received. The Chief Medical Officer, CMO, stated they have maximited all they can do for our members living there. DDD is concerned due to the statement from the CMO and the lack of progress. Eva asked how is the member going to get out if put into a 4 points restraint. Eva says that has to be trauma for an individual with Developmental Disability. Eva said what they do at ASH is not going to be successful in transitioning them out of the State Hospital. Eva stated something needs to be done to get them out. Moving from a state facility to a behavioral health hospital is not much better. Sherry stated we are required to do active treatment. Sherry stated the State Hospital does not have the expertise to do active treatment on our people. Unless DDD is sending in someone, they are not getting active treatment. Tyrone has asked the CMO this information to address the lack of staff there to do the active treatment. The outcome of AHCCCS meeting with the State Hospital met with a request for further planning with the healthplans. Tyrone says his concern is that we are not being individualized per our members. He states we need to review each individual member's progress and assess them for their needs. Sherry stated we have incarcerated these



Monday, July 25, 2022 – 10:00 AM to 12:00 PM

individuals. Carol stated per her review of incidents reports, she was surprised that Article 9 does not have to be followed. Carol asked what is a gray code? Tyrone does not know what the levels are but it is an alert code. Sherry added code gray means a combatted person or aggressor. Tyrone added he is concerned about the ability of anyone in our community to be able to care for these individuals. He would be concerned about a rapid discharge from that level of care into the community. Sherry stated there are placements in other states that are lockdown secure places. Sherry stated we need a containable place for the members to receive active treatment. Sherry stated the State hospital is not going to allow DDD personnel in to provide active treatment because of the liability. The Department of Health services and AHCCCS are the entities on that level of discussion that can make changes. IOC can make recommendations. Linda asked Tyrone to keep the committee up to date and perhaps help the IOC with elevating it. Dr. Arnold, Nicolette Fidel and others may be able to provide assistance, per Tyrone.

Emergency Hotlines in Maricopa County (Eva)

Eva Hamant stated that in the paper, they talked about Tempe's 911. If you call 911 in Tempe and are a non-violent, suicidal person, a Solaris counselor (with expertise in psychology, social work and counseling) will speak with the caller. If armed and violent, Tempe police officers will be dispatched. Solero will follow up in three days and check on their status. If you have a group home in Tempe and they call 911 expecting the police to show up, they will not get an office due to being transferred to Solaris. It turns out that AHCCCS is keeping their 1-800 number for each of county so each county has their own 900 number. That means there are dual numbers that can be used. The 988 number is replacing the national suicide lifeline number. It is not automatic since the members are not armed and not violent. How is the DD group home going to address when they are anticipating the police to come? Sherry stated her understanding is Solaris will connect to a professional who will coordinate support and services. Sherry added now they are going to be directed to 988 and Solaris will coordinate with Crisis and Emergency Services. Patricia added that currently on BTP if there is a suicidal concern or other serious behaivors, we are now includig a Crisis plan for the staff to follow. In the Crisis plan there are steps to follow and numbers to call.

IR concerns, general (Eva)

Eva Hamant stated she had two closed IRs and thought about the "complex needs members, per Statewide meeting and designated monitoring". In reference to one IR where members were in a medical group home, if they don't get sensory support provided to them because they are isolated, not attending to their crying needs, they are not addressing their basic needs. Therefore these people in medical group homes could be considered "complex needs members". Members who are very young, who are not mobile, who have sensory needs, who are non-verbal and who do not go to a day program could need better support. We need to make a list of complex needs that we have seen in IRs and make a motion submitting a list of complex needs for when the designating monitoring moves forwards.



Monday, July 25, 2022 - 10:00 AM to 12:00 PM

PRC Monthly Report to IOC Chair (Eva; Patricia)

Linda Mecham stated she does not know what this is: PRC monthly report to the IOC Chair. Eva explained that was in the new Article 9. Patricia clarified that normally every year, from the IOC a request would be received from the IOC Chair per the annual reporting process. Patricia stated that she would provide information per that request for.

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Medication refills (Chris; Carolyn)

Chris Garcia stated his comment is about an IR that medications are running out. He said this should not occur since they are supposed to do med counts. Eva stated that even though they are supposed to do it, the fact of the matter is that they do not always keep track of it. The other problem is they may need a new prescription, the doctor does not respond, there are several reasons why med errors happen. Another problem that was identified is, sometimes there are barriers in the medication administration. Eva states it is a member quality of life issue and it is necessary to call the pharmacist to ensure that it was not impactful to the member. James Maio added that there are errors going on that could be resolved with communication. Vendors and the health plan and physician's office are not communicating. James stated DDD is asking for corrective action in these cases.

Carolyn Willmer stated what she noticed about the medication error incident report is that oftentimes the report did not make it clear what happened because some information was missing, for eg. the timelines were missing: when did you call the physician; the explanation of why medication was being refilled prior to time that the medication needed refilled. Too much context is missing and you really don't have an idea of what is going on, what was done to encourage medication compliance with the members. Eva added if you read the closed IRs, per James, you can find out what DD does per the investigation. James added if you are reading opens and closed, you will see a lot of duplication. Carolyn added she will look at closed primarily.

Statewide IOC Update (Linda and Sherry)

a. Article 9 (Linda)

Linda Mecham stated in Statewide it was communicated by Zane that he would like to meet with IOCs if IOC have continued comments or concerns before it finalizes around the end of September. If the IOCs feel that Article 9 is not complete or fails to protect the rights of the member, the IOCs have the opportunity to go to the Governor's Regulatory Committee, GRC. **Eva Hamant** commented that she likes the new Article 9. She stated they started out with person centered principles, they put in a lot to make the IOC more accountable, that monthly report from PRC will help IOCs input on what they want to receive. Linda stated it made DDD more aware of IOC statutes and processes.



Monday, July 25, 2022 – 10:00 AM to 12:00 PM

b. Abuse and Neglect member Curriculum (Linda)

Linda Mecham stated there is a survey that has gone out on the Abuse & Neglect curriculum. Linda stated she and Sherry did not receive the survey questions through DDD's newsletter email. Linda stated that if the committee is in agreement, as we said earlier in January, that she will resubmit our comments and concerns. Chris would like a copy of the comments. Linda would like his feedback per his training experience. The committee would like individualization to the Abuse & Neglect curriculum. The training could be clustered based on abilities so interaction can occur. Eva added there is no follow-up per the training for when something gets triggered. Lisa added the individuals' responses need to be interpreted by someone who is highly trained with the different IDD learning styles. Chris offered to add any interested committee members to a training class.

c. Depakote Toxicity (Linda)

Linda Mecham stated Dr. Dekker spoke to the IOC for an hour. She was pleased with the time and research he took in looking up this issue. She stated DDD is going to raise awareness of this issue. Less than 1% of members out of 1700 are receiving regular blood tests.

d. Health Card (Sherry)

Sherry Wilhelmi states that the healthy foods cards are being sent out again for those that have not received them

e. Member's archived records (Sherry)

Sherry Wilhelmi states the records she received per her daughter's records request. She stated it took six weeks to get them but the Division found them. Sherry stated she feels the knowledge that records are archived and needs to be requested should be known by the support coordinators.

Spend Downs (Linda)

Linda Mecham stated that communication between support coordination and client funds needs to be improved. The committee sent a request. She found out that the Support Coordinator can now look up the member's funds independently through the client funds portal.



Monday, July 25, 2022 - 10:00 AM to 12:00 PM

Report on motions (Larry)

This topic was not discussed.

DDD Staff updates, Health Plans and ADOA

Karen Kramer (United Healthcare) stated she had no updates. She asked for emails from the committee members if they wish for information on the Health Foods card program.

Vera Kramarchuk (Mercy Care) did not have an update to provide. Linda asked her about an equal program at Mercy Care as the Healthy Foods at UHC. Vera shared there is nothing similar. She found that Mercy Care Advantage has a Mom's Meal program for individuals who have been discharged from the hospital.

Larry Allen (ADOA) was not present for the meeting.

Leah Gibbs provided an update on the American Rescue Plan Act Update: The first round of payments has been sent to 564 Qualified Vendors totaling \$131 Million and the second payments should be distributed by the end of August. Requires 80% of funding to compensate Direct Care Workers. Will also be requirements of quarterly reporting to DDD such as turnover rates, number of staff the agencies have been able to hire, etc. This information will be provided to AHCCCS, and they will share it with CMS as required. Additional Initiatives being considered: Providing Positive Behavior Support Training to Direct Care Workers and for interested families/caregivers. Training Behavioral Health providers on best practices for supporting individuals with I/DD. Exploring a Case Management System replacement or updating the current system.

Leah Gibbs provided legislative updates: HB2113 - Adds Down Syndrome as 5th Qualifying Diagnosis for DDD Eligibility. HB2865 -Requires a designated entity to monitor and inspect in person all group homes that provide services to "clients with complex needs." Requires DDD to establish a referral system to ensure quality of care complaints are transferred to the designated entity for investigation. Requires annual report to legislature detailing a variety of metrics as it relates to incident reporting. SB1542 - Prohibits providers from preventing members / responsible persons from installing and paying for the cost of electronic monitoring devices in group homes. - Providers may not access electronic record of monitoring devices unless responsible person provides access. DDD will be updating rule to address these changes and will seek public comment through the process. SB1230 – Wrapped in the Budget appropriations. Provider Rate Increases. DDD is conducting community forums in August between the 10th and 24th. There will be 5 forums. Two each for members/families and two for providers and one combined for all stakeholders. Rates will be



Monday, July 25, 2022 – 10:00 AM to 12:00 PM

effective October 1, 2022. SB1231 - DDD must provide up to 30 days for IOCs to review new policies and major policy changes before the Division posts them for public comment. This has been implemented by the Division.

Leah Gibbs explained the "Transition to Wellsky claims processing system": Past few months DDD has had a primary focus on ensuring providers have the training they need to prepare. To date 711 providers have been trained and additional classes multiple times per week. Maintaining an issue log to respond to questions for providers. Post training meetings to answer training questions. 90% of qualified vendor have at least one staff member trained. Aware of concerns with transition. DDD is mandated to undertake these changes because we have not been following national standards. We suspect this will be bumpy transition. Continue to prepare for August 1 date but monitoring it closely.

Leah Gibbs concluded with information on EVV: Electron Visit Verification: Announcement came out July 11 from AHCCCS. They will begin to implement the hard claim edits for EVV November 1st. Necessitates the new Wellsky system in effect prior to the November 1st date. Shared announcement link from AHCCCS:

https://www.azahcccs.gov/AHCCCS/Downloads/EVV/EVVHardClaimEditNotice.pdf

Leah Gibbs shared that when the public health emergency ends, the use of ARPA funds for parents of minor children as paid providers: CMS and AHCCCS have confirmed habilitation will be included in the ARPA funding along with Attendant Care until March 31, 2024. The public health emergency has been extended through mid-October 2022.

Carol McNulty asked about the DDD Revenue Desk related to her residential bill. Carol stated that the bills are wrong and have been wrong for years, supposedly it is their system. It was suggested that the DDD Revenue Desk receive an updated system because others are also being billed the wrong amount.

Chris Garcia asked going back to the PBS training, is the Division developing a CBT or in person training? Part of the workgroup is determination on what we use as a curriculum and how we roll that out so we do not know right now. Chris asked by about when that would become a mandate? Leah said no timeline is in place, but she believes Zane is saying probably late in 2023. Chris asked regarding the cameras in the licensed setting, if one of the residents does not approve the cameras, does that kill the plans for putting cameras in the whole home? Leah stated it could. Chris asked is there any update on extending the funding for the Abuse & Neglect course for agencies? Leah stated we are thinking about it.

Jeffrey Yamamoto informed the committee the decision for IOC liaisons has been made and he will be the DDD liaison for District Central. Incidents for the committee's review have been uploaded. The redactors are currently working on the next release of incidents for review.



Monday, July 25, 2022 - 10:00 AM to 12:00 PM

Joan McQuade did not provide an update today.

Patricia Sandino stated she had no updates at this time. She did ask the committee for permission to receive their email addresses for the purpose of sending updates.

James Maio did not provide an update today.

Michelle Rademacher stated the missing agendas and meeting minutes from the website changeover have been added to the ADOA IOC website as of Thursday, July 21. Please let us know if you are not receiving email notifications from us liaisons. Carolyn asked for a subject line heading to include DDD IOC to be helpful in screening emails.

Roundtable Reports from Members

Sherry Wilhelmi had no comment.

Linda Mecham did not comment.

Chris Garcia had nothing to report.

Carol McNulty stated she wished her daughter's group home still had the old manger.

Carolyn Willmer stated she found that the nursing supportive services looked okay to her (Medical policy manual, chapter 1200 - 1240-G, Skilled).

Eva Hamant left the meeting early due to an appointment.

Eduarda Yates shared information from the Arizona Republic per the data not being reported as much as other states do per the school vouchers. Linda suggested that the issue be brought to the legislature. Sherry stated to bring it up to the Department of Education. Sherry provided a name within the Department of Education as follows: stephanie sharkey ade ess 602-542-4013

Lisa Ehlenberger nothing currently.

Motion to Vote on Committee Membership

Linda Mecham asked for a motion.

- Carolyn Willmer motioned to vote Michael Sanderfer into the committee as a member.
- Sherry Wilhelmi seconded the motion.
- All the members present (see Welcome and Introductions for attending members) voted "aye" and there were no "nay" votes



Monday, July 25, 2022 – 10:00 AM to 12:00 PM

Discussion and Review of Incident Reports and Behavioral Plans

For May IRs, the Committee members have been given **559** for May incident reports in the Shared Drive. This included **28** for open and **531** closed reports.

Type	Open	Closed
Accidental Injury	1	93
Consumer missing	1	7
Deaths	0	5
Emergency Measures	0	24
Human Rights	5	5
Legal	0	2
Medication Errors	1	45
Neglect	8	23
Other Abuse	6	33
Other-Behavior	0	179
Other -Injury unknown	1	95
Physical Abuse	4	15
Property Damage	0	0
Suicide	1	5
TOTALS	28	531

The desired IRs will be divided by the chair and equally distributed amongst the members.

Questions for QIM: Members of the committee will send the incident reports questions to the DDD Liaisons **Jeffrey Yamamoto and Michelle Rademacher** to be forwarded to Quality for responses.

Motioned to Adjourned the Meeting

Sherry Wilhelmi motioned to adjourn the meeting

Lisa Ehlenberger seconded.

Meeting at 12:47 PM

The next District Central IOC meeting will be held on August 22, 2022, at



Monday, July 25, 2022 – 10:00 AM to 12:00 PM

10:00AM