

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

October 19, 2022 - 10:00 am to 12:15 pm

**This meeting took place by electronic means due to the Public Health Emergency still in effect. There was not a physical location.**

**Call to Order**

Meeting was called to order by De Freedman. The date was October 19, 2022, at 10:09 am. The address of the meeting was Virtual, no physical address.

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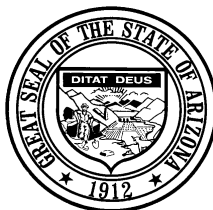
**Welcome and Introductions**

Present:

- **De Freedman** (District West Chairperson) (Facilitator)
- **Mario Gutierrez** (District South Committee Vice-chair)
- **Linda Mecham** (District Central Committee Chairperson)
- **Sherry Wilhelmi** (District Central Committee Vice-Chairperson)
- **Kin Counts** (District East Committee member)
- **Jeffery Yamamoto** (Division of Developmental Disabilities (DDD) IOC Liaison)
- **Zane Garcia-Ramadan** (Assistant Director of DDD)
- **Jon Meyers** (Executive Director of AZ Developmental Disability Planning Council (ADDPC))
- **Leah Gibbs** (DDD Office of Individual and Family Affairs (OIFA) Administrator)
- **Joan McQuade** (DDD OIFA/Chief advocate)
- **Larry Allen** (Arizona Department of Administration (ADOA) IOC Manager)
- **Michelle Rademacher** (DDD IOC Liaison)
- **Barbara Picone** (DDD OIFA Manager)
- **Mary DeCarlo** (DDD Program Review Committee (PRC) Manager)
- **Patricia Sandino** (DDD PRC Chair District Central) by Phone
- **Vera Kramarchuk** (Mercy Care) by Phone

Public Attendance:

- None



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**Call to the Public**

**De Freedman:** Made a call to the public: There was no public present

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**District Updates**

**Linda Mecham (District Central Chair)** Informed everyone they finished the annual report. Thanks DDD liaisons for getting the information to her. Linda asked questions concerning the three members in the Arizona State Hospital (ASH) and how the IOC would like it if they were placed in a facility that could provide active treatments while still keeping them safe. If DDD could provide a step-down housing appropriate enough for the three it would be wonderful utilizing the cost being spent in the ASH per resident. The committee is still waiting on Article 9 final version and Abuse and Neglect curriculum survey results. The transgender question had been but to Program Review Committee (PRC).

**De Freedman (District West Chair)** had asked questions from Quality and was hoping that someone from that unit could present on the process and procedures it takes to investigate an incident. This would be helpful to all in her IOC to understand how to look at the IRs.

**Kin Counts (District East Member)** Did not have any update to provide at this meeting

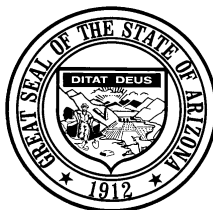
**Mario Gutierrez (District South Vice-Chair)** Attended a community job fair event and solicited for the IOC for new members. He's hopeful he has made some connections to help with recruitment.

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**AZ Crisis Response for ID/DD population- Presentation by Jon Meyers**

**De Freedman** asked **Jon Meyers** to present on the AZ Crisis Response and the IDD population.

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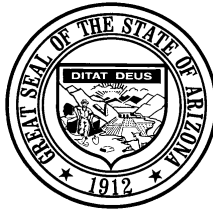
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**Jon Meyers** began his presentation introducing himself and providing the background of the Arizona Developmental Disability Planning Council (ADDPC). He has recently been appointed as the Executive Director of the organization and prior to that he had worked for the ARC. Another organization advocating for the ID/DD population. The ADDPC worked with many organizations to compile the report. Jon went over the powerpoint.

There were four overarching themes to the information presented in the report 1. the accountability of the and transparency are insufficient 2. Communication protocols are not being adhered to and not well monitored. The result is that individuals are uncertain of where to turn to for resources. 3. Involvement of Justice and Law enforcement must be improved for greater effectiveness. First responders need to be more informed of how to work with people with IDD in a crisis situation. Training of more police in identifying and responding to members of the ID/DD population. 4. More guidance and training needs to be involved in the crisis system including service responders. All parties appear to want and need greater training in these areas.

Accountability, there appears to be little transparency and how different parties should be directing involving individuals with IDD. BH administrators, crisis administrators, DDD staff there needs to be greater transparency. The standards of care are not understood. Too many people placed in the roles of supporting people with IDD do not understand how to work with them. There needs to be improvement to better serve them. Communication has been a massive issue. The health plans and DDD reported they often don't know that crisis services have been enacted. Families do not know where to turn. There is little data or the analysis of the data to understand what are the most likely diagnoses to need the services. The justice liaisons roles from DDD justice liaison, is very different from the health plan liaison and what they are responsible for. Who is CIT trained within the law enforcement agencies within the state. Currently there are CIT trained officers. We understand the majority of police officers do not receive the training. We need to know who is trained and where they are located to better serve people with IDD. When law enforcement shows up on the scene they don't know what they are supposed to do and there isn't legal clarity in the situation on some occasions. Families get frustrated. Deescalation is important in establishing compliance with the police officers. IDD people may not understand the compliance piece. Jails are not good at identifying people who have been detained. Detention facilities need a better process for identifying the IDD people so they are not left at risk for abuse or harm at a detention facility. The screening happens at the jails for people with SMI.



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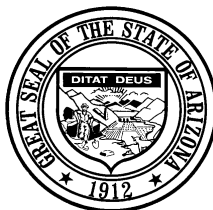
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It should be done for people with IDD. Support coordinators feel they do not have the training to help families and support them through an ongoing crisis situation. There needs to be better training and resources available to the support coordinators. Within a medical environment or clinical environment, providers or contractors need to know how to serve people with IDD and understand why the individual may be presenting behaviors. There is a massive need for more or better counselors who are trained to treat individuals with IDD who understand their challenges. Individuals who use assistive and augmentative communication (AAC) devices may have their communication devices taken away from them by law enforcement. This will just increase the problems of communications between the individuals involved and infringement on their rights. We recognize turnover is a massive issue. As soon as people are trained then they find a better paying job. Without consistent training it is difficult to serve members. We need to do our very best to ensure people are trained. Everyone involved needs to understand how the crisis system works. It is very difficult to understand even in the best circumstances. Families need to know how to find those services and how to use those services, what actions will occur, how to be the best advocate they can. Suggestion is that on the health ID card the crisis line phone numbers are printed on the card so it is readily and easily accessible during a crisis situation. We need better training for medical personnel who might come into contact with people with IDD diagnosis. This is a summary of the recommendations on this report. There is much more detail in the report that was provided today.

**Sherry Wilhelmi** commented on a past doctor, Timothy Hampton who did a thesis on this. He might be able to do training for the DDD. He did a pilot process for the police on how to interact with the IDD members. He might be someone to reach out to. He trained police officers on interacting with the SMI population for years.

**Linda Mecham** asked if there is a link to access the report? **Diedra Freedman** said she sent the link in an email yesterday. **Diedra Freedman** also found an article involving not just DDD individuals, not just Arizona, but across the national mental health system. We need to be patient and understand what the baseline is and work together. Jon Meyers posted the link in chat.

<https://addpc.az.gov/content/arizonas-crisis-response-and-people-who-have-intellectualdevelopmental-disabilities>



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**Jon Meyers** wanted to emphasize that a lot of attention is paid to individuals with Autism. He wants to be clear that this is not an autism problem. This is an issue with the service of individuals with IDD and mental illness. It goes way beyond the autism community and is experienced by individuals with a myriad of IDD diagnosis. The medical education community and medical training community needs to do more.

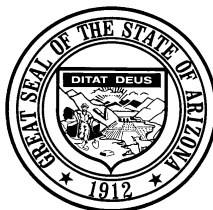
**Leah Gibbs** added that DDD's justice team has involvement with the jails and connections with people that will let us know if we have IDD members incarcerated. We reach in and collaborate with health plans to ensure members upon release have access to medical care within seven days of release.

**Linda Mecham** brought up the point that Dr. Dekker was going to be training the universities who graduate new students in Healthcare about the ID/DD populations and to explore the medical reason for behaviors first and not concentrate on the behavior first.

**Zane Garcia Ramadan** replied that the DDD Medical directors have been going out to inform the medical field about the possible acute component to behaviors. Zane also addressed the ARPA funding needed to be allocated by 2024. There are two directions for these funds to be utilized.

**Zane Garcia Ramadan** stated the first is to fill the identified gap between capacity, skills & knowledge of behavioral health and how best to serve those individuals with behavioral health needs in the provider network. The proposal is to identify a curriculum to train the providers in the behavioral health needs so that there can be more and better trained Behavioral Health (BH) providers. In conjunction with the Health Plans, maybe offer some incentives for those BH providers to seek out training for their staff. This may also relieve the issues in which the providers may say that they do not have the trained staff to work with a highly behavioral member. So now the provider can have the trained staff and give relief to a small network who can supply behavioral health needs.

**Zane Garcia Ramadan** stated the second is to build a training curriculum for Positive Behavioral Support and to have this available and widespread to all providers, DDD staff and families of members. This is only



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in the beginning stages and will be free to families. There are no hard dates to either of these two programs other than 2024 ARPA funding cutoff dates.

**De Freedman** asked **Jon Meyers** to present this presentation to the DW IOC at their next meeting.

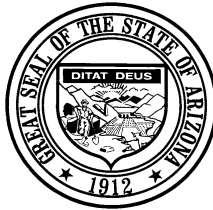
Here is the powerpoint provided by Jon Meyers:



**Arizona's Crisis Response &  
People Who Have  
Intellectual/Developmental  
Disabilities (ID/DD)**

Jon Meyers, Executive Director  
Arizona Developmental Disabilities Planning Council

October 19, 2022

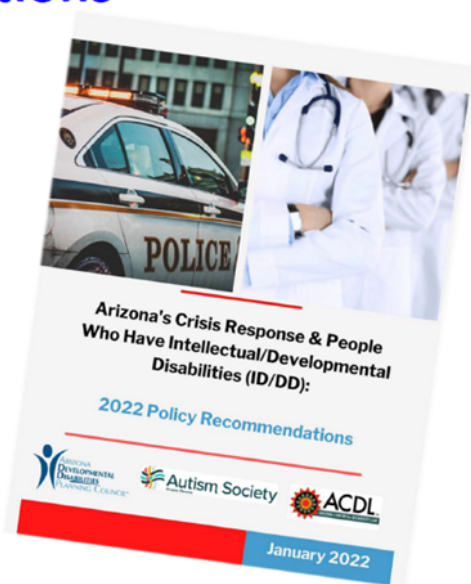


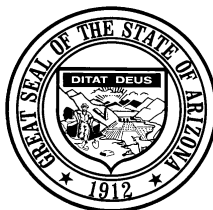
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## 2022 Policy Recommendations

- Report issued January 2022
- Collaboration between multiple advocacy organizations
- Distributed to policymakers, legislators, community at large
- Followed by statewide press conference





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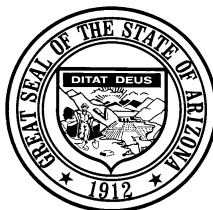
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## **2022 Policy Recommendations**

- Key themes:
  - System accountability & transparency are insufficient
  - Communication protocols not adequately adhered to & not well monitored
  - Involvement of Justice & Law Enforcement systems must be improved for greater effectiveness & safety
  - Virtually all players within system need more/better training, guidance & resources





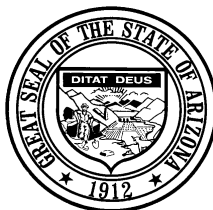
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## **2022 Policy Recommendations: Accountability**

- Increased accountability of:
  - T/RBHAs
  - Crisis service providers
  - Health plans
  - DDD staff
- Improved follow-up to ensure services are provided
- Greater transparency regarding service provision
  - Decrease self-monitoring of performance
  - Establish more third-party performance review
- Ambiguous/misapplied standards of care



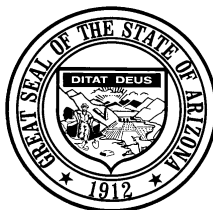
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## **2022 Policy Recommendations: Monitoring of Communication Protocols**

- System & contractual requirements not being followed
- Communication between various players weak or insufficient
  - Health plan & DDD personnel notification about crisis incidents
  - Families' knowledge of options & resources
  - Tracking of Members & disaggregation by diagnosis



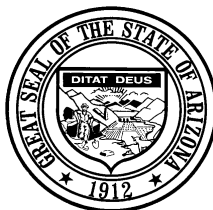
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## **2022 Policy Recommendations: Involvement of Justice & Law Enforcement Systems**

- Standardization of Justice Liaison processes
  - Common understanding of role across all systems
  - Facilitate better & more effective interactions
  - 24/7 response
- Track & report number of CIT-trained officers in all LEOs statewide
- Revisit/revise legislation pertaining to apprehension & transportation
  - Clarify roles & responsibilities vis-à-vis other responders
  - Increase support for Mobile Crisis Teams
  - Focus on de-escalation, not just compliance



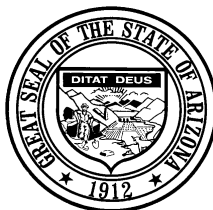
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## **2022 Policy Recommendations: Involvement of Justice & Law Enforcement Systems**

- Require identification of ID/DD individuals detained in jails & prisons
  - Recognize vulnerabilities – protect from harm
  - Emulate existing protocols for individuals with SMI



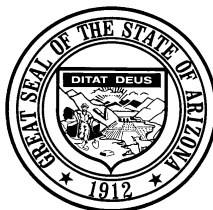
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**2022 Policy Recommendations: Training of SCs & Health Plan Staff – System Navigation**

- Support Coordinators inadequately trained/insufficiently knowledgeable about BH services & supports
- Too many layers – recognition, approval, referral
- Families & Members unaware of how to access help & from whom
  - SCs not directing to health plans
  - Health plans not proactively reaching out



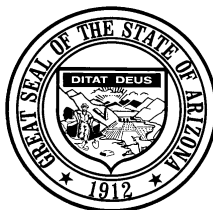
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**2022 Policy Recommendations: Guidance for  
Providers/Vendors on BH Needs of Members**

- “Overshadowing” far too common
- More & better clinical resources with knowledge of ID/DD needed
  - Peer Support specialists with lived experience
  - Therapists/counselors trained in ID/DD
  - Inpatient facilities that can serve ID/DD
  - Vastly improved support for nonverbal & AAC-using Members



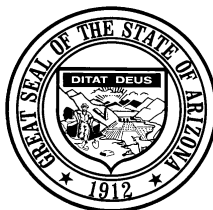
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**2022 Policy Recommendations: Guidance for  
Providers/Vendors on BH Needs of Members**

- Better training for provider staff to understand BH prevalence
  - Failure to recognize
  - Inability to respond appropriately
- Providers asking for additional training resources – beyond development of behavior plans
- Staff turnover rates contribute substantially to systemic challenges
  - Support Coordinators
  - Provider staff



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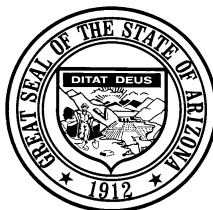
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**2022 Policy Recommendations: Training for Families & Members on Crisis/BH System Navigation**

- All parties must contribute to public's improved understanding
  - Navigation
  - Expectations (timeline, response, services/supports)
  - Advocacy
- Health plan cards should require Crisis Line phone number





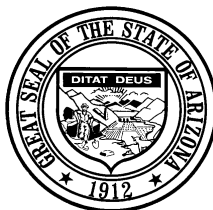
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**2022 Policy Recommendations: Training for Families & Members on Crisis/BH System Navigation**

- Require expanded training in ID/DD for healthcare students & professionals in variety of disciplines
  - Medical reason often underlies behaviors contributing to crisis
  - Too few medical professionals appropriately trained to understand or serve this community



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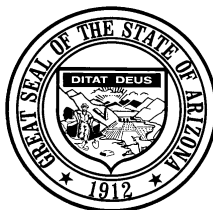
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## **2022 Policy Recommendations**

### **Summary of Recommendations**

1. Require stronger accountability of crisis service providers
  2. Monitor communication protocols
  3. Training, resources, and potential legislative changes are needed for law enforcement
  4. DDD Support Coordinators and health plans require additional training on behavioral health needs of ID/DD members
  5. DDD-contracted providers & vendors require additional guidance on behavioral health needs of ID/DD members
  6. Families and people with ID/DD need education on navigating the crisis/behavioral health system
  7. Improve training on ID/DD for medical students, family practice residents, and general physicians
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## Questions?

Jon Meyers

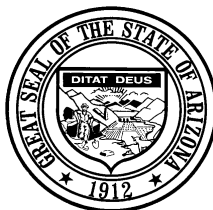
Arizona Developmental Disabilities Planning Council

[jmeyers@azdes.gov](mailto:jmeyers@azdes.gov) / (602) 542-8977

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### **Discussion on Person-Centered Service Plan (PCSP)**

**Linda Mecham** stated that she has noted that the historical data is not available in the PCSP when she reviews Behavior Plans (BPs). The BPs have more information than the PCSP, per Linda. Linda stated as the documents are transcribed from the old document to the new document that some of the information on members is missing. Linda stated that she has noted for about a month now that historical data is missing from the PCSPs. Linda explained that the historical information is important and needs to be included in the PCSP. Another topic, per Linda, is the “what works and



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what doesn't work" information. To have it available for the direct care staff in one location for the staff to identify is important.

**Zane Garcia Ramadan** stated he agreed that is important information to be included. He asked was there an abbreviated amount of information or just left out? Linda clarified that it was brief, but not missing. **Zane Garcia Ramadan** stated this is something that we will take back and validated that it was important to be included in the planning document. Zane provided information that the planning document is an AHCCCS document and we are not privileged to change it. AHCCCS will have an open comment period for the changes and the current planning document in early 2023. This is where the feedback can be provided for changes to be made. The committees will be informed of the open comment for changes to the document that will occur when they receive it.

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**Updates on Concerns Related to Abuse & Neglect Member Curriculum**

**Linda Mecham** stated she may have jumped the gun due to receiving an invitation on the Abuse & Neglect feedback from DDD. **Leah Gibbs** stated she has received communication from six IOC members on wanting to be involved in the curriculum process.

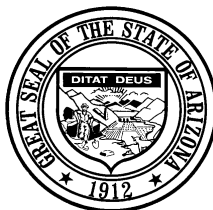
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**Discussion on Positive Behavior Support (PBS) and ARPA funding**

**De Freedmani** stated that **Zane Garcia Ramadan** provided information earlier (see Zane Garcia Ramadan summaries in the presentation made by Jon Meyers - page 5 ).

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**Update on Article 9 and Behavior Support Manual**



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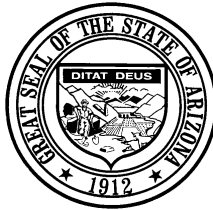
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**Zane Garcia Ramadan** stated that last week DDD submitted a packet to the Governor's regulatory review council (GRRRC). They have 120 days to review the packet. They will conduct a "study session" or review session. It is up to the council as to when they will approve. We do not know when Article 9 will rise to their agenda. As that progresses, if they approve the rule change, it would be filed with the Secretary of State. The rule would become effective 60 days from the filing date to the Secretary of State. As part of the packet that was sent, DDD included the public comments that were received on the rule. DDD made the decision to make that action which is something they do not typically do.

**De Freedman** wanted to know about the extra 30 days of the comment period and what was sent to GRRRC? De asked if the law is interpreted that the IOC will receive it prior to public comment? **Zane Garcia Ramadan** is not aware of GRRRC sending something out as part of their public comment. De asked about changes to the document and a public comment period being enacted. Zane stated that significant changes were not made therefore it was not re-sent for public comment. **Linda Mecham** asked about the concerns of prohibited and shall not being the only changes to the rule. Zane stated that there were language changes additional to the "prohibited" and "shall not". Linda commented that per her understanding from Senator Bartow that there would be a public hearing where IOC could come and speak on the matter. Zane stated that if DDD is aware, we will send notice out. He shared that there is a website that shows the calendar and agenda on the GRRRC hearings that will provide advanced notice of the "study session" that is going to occur.

**Mary DeCarlo** stated we have completed revisions on 10 out of the 11 policies. It will then go through our internal review process. There are some policies for example 901 will go out for additional public comment. It is expected in January there will be a public open comment period for the entirety. The IOC and DDAC will receive it probably in November. **Linda Mecham** asked about the extra 30 days for IOC to review before it goes out for public comment. Mary commented the IOC would receive the extra 30 days notice.

**Linda Mecham** asked about Article 9 training for her participation in PRC. Mary stated the Article 9 training can be performed through PRC or another avenue through DDD (Charity Bishop). DDD



**Arizona Department of Administration  
Arizona Department of Economic Security  
Division of Developmental Disabilities (DDD)  
Statewide Independent Oversight Committee (IOC) Chairs  
Meeting Minutes  
October 19, 2022 - 10:00 am to 12:15 pm**

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training should have the training records. It was clarified that all IOC members who participate in PRC need the Article 9 training. Linda stated that we used our meeting for the Article 9 training in the past.

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**Updates on 30-day notifications**

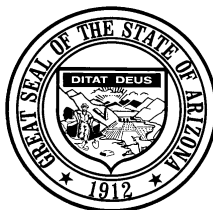
**Linda Mecham** stated she is not receiving them. **Leah Gibbs** stated that DDD is sending them. She stated we checked our list and some names were missing on the mailout list given to Policy. It has been updated and all of the committee members should be getting them when they come out.

**Leah Gibbs** also stated that after the policy team meets and approves the policy, the notice goes out to the IOC, DDAC and tribal affiliations.

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**Updates From DDD Assistant Director, Zane Garcia Ramadan**

**Zane Garcia Ramadan** shared an update relative to Jon's presentation which is the need to get stability to the Support Coordinators and Direct Care workers. Relating to Support Coordinators, DDD has experienced staffing challenges in Support Coordinators, over 200 vacancies. We are at the point now that we are clearly seeing the turn of the corner. Salary increases were given to Support Coordinators in July? Since the time of the salary increase, in less than a month's time, 98 Support Coordinators have been hired with a few leaving. This is going to take time, but projections show a good outcome for low vacancies by mid 2023. To go along with that, DDD wants to ensure the quality is keeping pace with the quantity. DDD is working to build capacity training, technical assistance, education, guiding etc to the Support Coordinators. **De Freedman** asked if DDD has a campaign put together to change the culture of Support Coordinators so they feel more comfortable in the job they are doing and projecting this. Zane agreed 100% this is happening. The initiative is the Support Coordination Program Development Initiative. He stated DDD is capturing data on soft skills, intangibles, trying to improve the Support Coordination culture. Leadership training efforts



**Arizona Department of Administration  
Arizona Department of Economic Security  
Division of Developmental Disabilities (DDD)  
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Meeting Minutes**

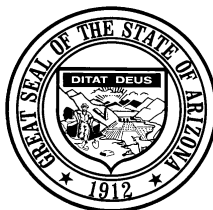
October 19, 2022 - 10:00 am to 12:15 pm

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are in place for the Support Coordination leaders. This is a multiyear initiative to change that corporate culture. **Kin Counts** asked about a program which she heard about where family voices will be heard. Kin stated that mostly family voices are unheard. She says families are mostly told this is what it is. Zane stated DDD definitely wants family voices to be heard. He stated that he will take that back. **Linda Mecham** suggested that families reach out to the DDD OIFA, customer service. **Leah Gibbs** added that is exactly why OIFA is there. That is why we do monthly town hall events. That is why we do outreach and have advocates to support side by side to make sure the families voices are being heard. DDD is taking on some work to do some reminding around the need for voice and choice being heard.

**Zane Garcia Ramadan** added that on September 1, DDD changed the claims processing system to the Wellsky system. This was a huge change for many of the providers. So far, for the most part things are going well. We processed 2 million claims post transition as opposed to prior to the transition, it is very similar. In instances where we have identified issues with the system, they are very quickly resolved within Wellsky. **De Freedman** asked if DDD's drop dead date is still December 1st? She explained the reason she is asking is that AHCCCS's date for the EVV system was changed due to issues that need to be cleaned up. Zane stated that our drop dead date was September 1st.

**Zane Garcia Ramadan** added information on pending legislation. Two updates: 1. HB2113 Down's Syndrome eligibility: the policy is open for public comment and is close to closing. DDD is going to be reviewing the comments. The policy will be going into effect in late October being live and implemented. **De Freedman** asked for a public education campaign to explain that it is not a diagnosis alone for the Arizona Long Term Care System (ALTCS) qualification. Zane stated as part of outreach DDD has worked with the Down's Syndrome society. 2. HB2865 - first piece about establishing a group home monitoring pilot with advocacy through the Arizona Center for Disability Law (ACDL). The ACDL will monitor the group homes per the member's complex needs and ensure the interventions used are in accordance with the members PCSP - second piece ACDL will investigate the outcomes and share the information with DDD. The ACDL is working with DDD with implementation of January 1st. More details to follow once contract details are completed.



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

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**De Freedman** asked if there are clear contracts on the expectations due to so many monitoring agreements over so many vendors? Zane stated we will be identifying the group homes (about 500) monitored on an annual basis, and will be within the contract. The contract will also align with AHCCCS Medical Policy Manual (AMPM) to align with the requirements. During the contractual stage there is not much that can be shared. After which ACDL and DDD can hold open forums so there is more transparency. The second piece is around an annual report which is required starting January 2024. The report will include the number of incident reports received along with any contract actions, actions to change the BP, and more reporting requirements. DDD hopes to reconvene the incident reporting forums to change/update the incident reporting process.

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**Updates From DDD Staff**

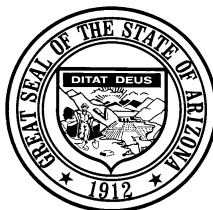
**Mary DeCarlo** shared that the Program Review Committee (PRC) Board Certified Behavior Analyst (BCBA) administrator resigned. A new candidate has been selected and will be starting October 31. Katrien Filez PRC administrator is covering. The District North PRC chair will start on Oct 31, until then the DW chair is supporting DN. The DE chair and admin resigned. Both positions have been posted. DC is covering DE. The DS chair resigned effective Friday. DDD PRC is down three chairs and an administrator.

**Leah Gibbs** stated that Zane provided the typical update that she would. **De Freedman** asked about the change in the customer service manager. Leah explained the training manager, **Angie Venne**, stepped into the position.

**Barb Picone** shared a second justice regional liaison has been brought onboard. We now have two justice liaisons, **Nadine Intorcchia** and **Vera Brown Thunder**. The justice team is available to provide a presentation.

**There were no other updates from DDD Staff.**





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**Roundtable Topics for Next Meeting**

**De Freedman** stated DW wants to learn everything we can about the QA investigative processes. Possibly invite someone from QA to present.

**Linda Mecham** asked about the request for Abuse & Neglect training for members as part of the QA investigation process. Linda asked for a policy review and update on member Abuse & Neglect curriculum and Article 9, the planning document. Linda would like to discuss the ASH members and what we can do about them.

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**Discussion on Next Meeting Date/Time/Facilitator**

**Jeffrey Yamamoto** The next meeting will take place virtually on January 18, 2023, at 10:00 am. The Facilitator will be **Linda Mecham**.

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**Adjournment**

The meeting was adjourned at 12:14 pm by **De Freedman**. The next meeting will take place virtually on January 18, 2023, at 10:00 am. The Facilitator will be Linda Mecham unless another Chair wishes to volunteer before the next meeting.