



**Division of Developmental Disabilities (DDD)
District Central Independent Oversight Committee
(IOC) Public Meeting Minutes Summary**

Monday, Jan 23rd, 2022 – 10:00 AM to 12:00 PM

Call to Order

Meeting called to order by Committee Chairperson, **Linda Mecham**. The date is Jan 23, 2022, at 10:04AM. **The meeting took place Virtually due to the Public Health Emergency still in place.** Physical location when meetings resume in person may be at 4400 N Central Ave, Ste (to be determined) Phoenix, AZ 85012.

Welcome and Introductions

Attendance Virtually:

- **Linda Mecham**
- **Mandy Herman**
- **Eva Hamant (listed as Women's Studies)**
- **Carolyn Willmer (listed as Curiosity Carolyn)**
- **Debbie Stapley (attended both virtually & by phone)-**22**
- **Lisa Ehlenberger (attended both virtually & by phone)- **49**
- **Eduarda Yates**

Attendance by Phone :

- **None**

Absent:

- **Sherry Wilhelmi**

Public in Attendance:

- **Anesia Palm (by phone **46)**

Health Plans:

- **Laurie Ganzermiller (UnitedHealthcare)**
- **Vera Kramarchuk (Mercy Care) (by phone **17)**

ADOA:

- **Larry Allen**

DDD:

- **Leah Gibbs (DDD OIFA Administrator)**
- **Patricia Sandino (DDD District Central PRC Chairperson)**
- **James Maio (DDD District Central Quality Improvement Manager)**
- **Michelle Rademacher (DDD IOC Liaison)**



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DDD District Central IOC Meeting -Virtual meeting (2023-01-23 10:04 GMT-7) - Transcript

This editable transcript was computer generated and might contain errors. Liaison has edited some of the transcript for accuracy and ease of reading. Any blue italics transcription was missed by the transcriber.

Attendees

+1 480-***-**05 not identified, +1 480-***-**17, +1 480-***-**46, +1 602-***-**22, +1 928-***-**13 not identified, +1 949-***-**49, Curiosity Carolyn, James Maio, Joan McQuade, Laurie Ganzermiller (UHC), Lawrence Allen, Leah Gibbs, Linda Mecham, Lisa Ehlenberger, Mandy Harman, Michelle Rademacher, Michelle Rademacher's Presentation, Patricia Sandino, Ron and Eduarda Yates, Womens Studies

Transcript

Linda Mecham: Lisa

Lisa Ehlenberger: Introduced herself

Linda Mecham: Eduarda.

Linda Mecham: Are you on mute Eduarda?

Mandy Harman: Yes.

Mandy Harman: She's muted.

Linda Mecham: If you push the Little Red Microphone button EDUARDA, you can become unmuted.

Ron and Eduarda Yates: Now, can you hear me?

Linda Mecham: There you go.

Ron and Eduarda Yates: Okay. Anyway, my son Mark is in Campbell ICF doing very well. But, his day program is still closed. Because...

Ron and Eduarda Yates: DTA is close. Now due to COVID.



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Linda Mecham: Thank you, Eduarda. We've got a little difficulty hearing you. I don't know what the technical issues are, but I'm sure we'll be able to work it out. Eva

Women's Studies: Eva as Woman Studies. And I'm a member of IOC.

Linda Mecham: Thank you, Mandy.

Mandy Harman: Mandy Harman member IOC.

Linda Mecham: um, Debbie.

+1 602-*-**22:** Debbie Stapley member.

Linda Mecham: Is that it?

Linda Mecham: Michelle's at it for the IOC...

Curiosity Carolyn: No, there's me as well.

James Maio: Carolyn.

Linda Mecham: Carolyn, you're right there. Hello.

Curiosity Carolyn: Yeah, that's I'm hiding out in the corner.

Curiosity Carolyn: Yeah, this is Carolyn Wilmer, a member of the IOC.

Linda Mecham: Thank you. Now.

Michelle Rademacher: Did Lisa introduce herself? Okay.

Linda Mecham: Yes, she was first.

Linda Mecham: Okay, so if you don't mind every calling on everybody else, that's there from DDD.

Michelle Rademacher: oh, Okay, certainly, yes Leah.

Leah Gibbs: Good morning, everyone. I'm Leah. Gibbs. Administrator of the Office of Individual and Family Affairs.

Michelle Rademacher: James.

James Maio introduced himself as the Area Manager for Quality Assurance for District Central

Michelle Rademacher: Joan.



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Joan McQuade introduced herself as a Manager in the office of individual and family affairs.

Michelle Rademacher: Patricia.

Patricia Sandino: Patricia Sandino. PRC, Chair District Central. Good Morning.

Michelle Rademacher: Larry.

Lawrence Allen: Good morning, Larry Allen, IOC manager for us from ADOA.

Michelle Rademacher: Laurie.

Laurie Ganzamiller introduced herself as the director of Unitedhealthcare community plan

Michelle Rademacher: And I believe we've got Vera on the phone.

+1 480-*-**17:** Yes, Vera Kramarchuk Mercy Care ombudsman.

Michelle Rademacher: So that I miss any DDD staff or invited guests.

+1 480-*-**46:** Anesia palm as an invited guest.

Linda Mecham: Lisa, is that Lisa would you like to introduce your? Your friend?

Lisa Ehlenberger: Sure. If you want to come back on on She works as a school psychologist with me. I've known her for a few years and she's interested in listening in and possibly Potentially considering applying to be a member.

Linda Mecham: Great.

+1 480-*-**46:** Thank you.

Call to Public

Linda Mecham: Anesia, I'm going to "call to the public". If you have anything that you would like to say at this time,

+1 480-*-**46:** That I will be listening in future calls. I will make it into the video, but today will be a call. Thank you so much.

Updates from Quarterly Statewide and Article 9 (Linda)



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Linda Mecham: Okay. Thank you for coming. All right, so we've got our updates from the quarterly statewide and Article 9, there was quite a bit that's been going on the last Um, little while. Article 9 For now. They are not going to press DDD is not going to pursue it. That's my understanding. So it Stands as it is. The one we've been working off of for many years. um,

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Linda Mecham: That was for me, that was the primary.

Linda Mecham: Well, there was a lot and I'm sorry, I'm a little scattered this morning.

Linda Mecham: I did report on a meeting that I went to with regards to the dually diagnosed and I can get into that when we talk about, ASH down below But there is some funding going on and perhaps Leah. When you do your update you can further some of that with regards to the funding for the housing that was in that house bill.

Linda Mecham: it was a it was a hearty discussion, there was one individual who serves on IOC that

Linda Mecham: was interested in having the volunteer recognition. Personally, I appreciate that they do that and that they appreciate what we do, but for me, I just get pleasure in dealing with the families and making sure that all the needs are met. As I was talking to one of the individuals that I was at the ASH meeting with, Her name is Summer and she was going to join us today with an interest in joining IOC. Strong interest. But I learned some things that had been going on with regards to an incentive to support coordination to lower the, reduced HCBS hours.

Linda Mecham: so, I'm concerned about that and if that indeed is happening because she did receive her Person-centered planning Document, is that what they call it now, Leah? What is it? PCSP. So,...

Leah Gibbs: Yes, it is a person-centered planning document. Well PCSP.

Linda Mecham: It's PCSD.

Linda Mecham: Service.

Leah Gibbs: Person centered service plan. When you're referring to,...

Linda Mecham: Okay, all right. Okay. All right anyway,...

Leah Gibbs: It's the planning document.

Linda Mecham: she received it. She was not invited to the 90-day meeting ; the support coordinator held the meeting without her. And the final product that she got was not accurate. As far as the information in the document, as well as her son's HCBS Hours had been reduced and her words "was significantly". So she



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said that she had heard that there was an incentive for the support coordinators. to keep HCBS hours at a minimum under their in order to Per case load rather. Sorry. Yeah.

Leah Gibbs: Linda, I'm sorry to interrupt...

Leah Gibbs: But I need to, I need to let you know immediately that there is absolutely no incentive whatsoever. Everything continues to be about assessed needs, but it certainly sounds like this particular individual had a very bad experience and is...

Leah Gibbs: Welcome to contact us at customer service, or back through the support coordinator, and we can assure the team that they need to reconvene. To make sure the assessment is accurate.

Linda Mecham: Right. Well, she's not one to be messed with. So this was kind of the wrong mom, to mess with and she knows how to get a hold of everybody. So but she was just had mentioned that. And I found...

Leah Gibbs: Yeah, that's very concerning.

Linda Mecham: Quite disturbing. Yeah, so if that rumor is out you guys might want to put out a statement because She said that she's not the first person she's heard that from so, Interesting. Also, as I have done, PRC, I discussed with the statewide, the planning document, the spending plan, the new planning documents specifically states. That if Um, DDD is not the payee, then a planning. A spending plan does not need to be submitted with the planning document. That's what it says. I know.

Leah Gibbs: I, I went back and double checked Linda since we met because I was concerned about that as well. And actually the policy says that any member who resides in a licensed setting, And the family is not the rep, payee are required to have one.

Linda Mecham: Well, you might want to look at the language on the planning document so it reflects the language of policy...

Leah Gibbs: Absolutely absolutely.

Linda Mecham: because I kind of got into it with a support coordinator because I was quoting him policy because I know the policy and he said,...

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Leah Gibbs: Sure.

Linda Mecham: But that's not what it says right here. And I'm like well That's what policy is. So,

Leah Gibbs: okay, yeah, well and I reached back out through our support coordination, the people who oversees support coordination to have that dialogue and make sure that message gets out,



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Linda Mecham: And, As it's my understanding, the only time we do not see the plan, the spending plan is when the Parents are the payee.

Leah Gibbs: Right? Or the member is their own representative. Correct.

Linda Mecham: Right. Exactly. So All right, and then also an option of an item that I discussed was the Signature I options in the drop-down menu. on the new document because I'm seeing frequently "member unable to sign" even though the member is not the responsible individual. It and so, There are a few far and in between that I have seen where it says verbal agreement given over the phone or something to that effect, but generally this signatures on informed consent and agreement to plan. There's three places for the signatures in that document and it's member unable to sign. And

Linda Mecham: So to me, that doesn't mean that there's team agreement or that means there could possibly not be team agreement with it. I want to see a signature and I believe that DDD would want to see a signature, that's not correct.

Leah Gibbs: There have been some situations that are barriers when we're doing the virtual meetings Linda, but as you know, as of April 1st, we're going back to in-person. So there should be no concern about getting those signatures come April 1st. But in the meantime, depending on some of those situations we've had we've taken verbal because we haven't been able to get an electronic

Linda Mecham: Verbal is good. I mean, I anything besides member unable to sign at least that at least there's been something,...

Leah Gibbs: I understand. Right. Right.

Linda Mecham: You know. For the responsible party is saying Yes, I agree to this because I don't,...

Leah Gibbs: Sure.

Linda Mecham: I don't think that it's complete without some acknowledgment. What should we do about those documents?

Leah Gibbs: I would recommend it if you don't mind Linda. I know there's a lot going on, but if you could put something in writing to us We can take that back to our support coordination team.

Linda Mecham: Okay.

Linda Mecham: Okay. Alrighty.

Leah Gibbs: I'd appreciate it.



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Linda Mecham: Let's see. And of course, keeping the historical information in the document is important. So when I so that's about it for the statewide that I could recall and if any of you have any comments or questions regarding that,

Linda Mecham: Anything about Article 9. Yay.

ASH (Linda)

Linda Mecham: Yeah. Okay. All right. and then with regards to ASH, like I said, I went to a joint legislative psychiatric hospital review committee. and, Everybody, there was from the behavioral health world. I was invited by Senator Bartow. It was her last meeting. To discuss what we have seen and thank you Eva, for bringing it to our attention. but, with regards to the individuals that are DDD eligible...

Linda Mecham: But are at ASH. And one thing that I did, learn from that meeting, is that Guardianship the ASH director told this one individual, whose brother is housed there...

Linda Mecham: And he was autistic, he is autistic but he was not receiving active treatment and the ASH director removed the autism diagnosis from the records. So then they didn't have to treat him. Isn't that illegal? I mean you can't mess with medical records, right? Another thing that I learned is that they are statutorily mandated, ASH is statutory mandated to Provide active treatment for these individuals. And which they're not doing. And then I also learned that ASH has told DDD and maybe there's been an update since our meeting but ASH has told DDD that they are no longer going to be sending us the incident reports on these individuals and that if...

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Linda Mecham: DDD wants the incident reports, we're going to have to go to APS or AHCCCS to get them. So, that was a little disturbing because again, they're statutory mandated to send those IOC.

Linda Mecham: Can you time off my game this morning? I'm sorry, guys. The incident reports to DDD, so.

Linda Mecham: And there is a strong push especially with one of the house bills that went through to get I believe it was 10 homes set up for and it and maybe DDD can clarify that because I think saying talked about a little bit at the meeting I believe the number was 10 homes for the Dually Diagnosed Complex care, complex care homes and that's what they're going to be. Working on. So we can look forward to seeing more about that coming down the informational pipe. so...

Linda Mecham: Anything, any questions or comments regarding ASH?

Linda Mecham: Okay, moving right.

Women's Studies: If James ever here anymore about ASH not reporting IRs.



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Linda Mecham: I don't know. James.

James Maio: Right? I heard the same thing that Linda did, that ASH was no longer going to be reporting incidents directly to us. That they were going to go through AHCCCS.

Linda Mecham: so, Do you know? Oh, Leah Oh,...

Leah Gibbs: I have my hand up Linda, I just wanted to make sure that you are aware.

Linda Mecham: I'm sorry.

Leah Gibbs: That Zane has been in contact with Dr. Salick who has been in contact with ASH, who is trying to get to the bottom of the rumor? Because that is not the intent. The intent is that any DDD member? We will continue to receive the Incident report. So they are in fact acting on it. I can't I can't give you any update other than I know that the correspondence went out.

Linda Mecham: Good. Good. I'm glad, I'm glad to hear he was proactive on that because Yeah, exactly. I mean, you know, that's the basis of all of this and Dr. Solik was in the meeting where I spoke. She was in that committee meeting. She's a member of that committee representing AHCCCS and so she heard about that as well as the mandatory. Requirement for Active Treatment, And there were several questions regarding to me, regarding the active treatment, and lack thereof. And I believe that Josh Moselle and his group, he's an attorney. As you'll know, they are getting ready to proceed further on that legally. So, you know, we're coming, if we come at it from several different directions, we might get the results that we need. So, Who's got their hand raised?

Mandy Harman: Me. Uh I just wanted to tell you guys real quick.

Linda Mecham: No.

Mandy Harman: I have to exit out cuz I'm having technical issues, but I'll be right back in just

Linda Mecham: Okay. Thanks Mandy. Appreciate that. Okay? And we're glad you're here.

Mandy Harman: Yep.

Linda Mecham: Sweetie. Thank you.

What is done/not done to investigate deaths in DDD care (Carolyn)

Linda Mecham: So Carolyn. You are up "What is done or not done to investigate the deaths and DDD care".



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Curiosity Carolyn: So basically what I've done so far is just some very, very basic research and Um, one of the things I looked at was a really interesting New York Times report that's probably backwards for you guys, or is it okay? Anyway, it's a New York Times report about deaths among the developmentally disabled in the state of New York. And it was just a really good lead-in for me to kind of see more information about what the issues are and what happens when states aren't tracking and aren't...

Curiosity Carolyn: Aren't insisting on getting a specific cause of death. So in the state of New York, a remarkably large number of deaths in the developmentally disabled are labeled as unknown cause and because they're not tracking stuff. There are sadly tragically repeated deaths such as people drowning in bathtubs and people choking because instructions for food

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Curiosity Carolyn: For people, feeding issues are not very clear and specific or if they are clear and specific or not being followed. So, the whole thing about New York was just like, really a cautionary tale. But it was, You know, I love the New York Times. I've learned a lot from reading their articles, so I started with that and then I went to the GAO Government Accountability Office. And this is a report. The number just for the records is GAO -08-529.

Curiosity Carolyn: And this is from the Government Accounting Office May 2008. So it's a long time ago, but basically it's talking about how the Center for Medicaid Services or Medicare Services should be encouraging states to conduct mortality reviews. And this is a report to the Ranking Member Committee on Finance in the US Senate. So the report includes a letter to Senator Charles Grassley but...,

Curiosity Carolyn: Basically. What they found, they had three. Three key things and I'm just pulling up my notes so I get them in the right order. So they said that they looked at the extent to which certain states, they didn't look at Arizona specifically, but they looked at a sample of states. And they looked to see which states were including deaths as critical incidents for the developmentally disabled population in HCBS waiver programs. And I had to look up HCBS to make sure I understood what it was. So just to clarify, that is home and community-based services waiver programs. So that's a program that allows as I understand it, that allows care to be provided in a group home. Sort of said, Do I have that right? Linda

Linda Mecham: Kind of Leah. Go ahead.

Curiosity Carolyn: Okay.

Leah Gibbs: You know, Arizona's waiver is unique and,...

Curiosity Carolyn: Okay.

Leah Gibbs: and our waiver is called a Demonstration Waiver with the Centers for Medicare and Medicaid Services. And what our waiver does is to demonstrate that in the state of Arizona. We can serve people with



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intellectual and cognitive disabilities more cost-effectively in the community than in institutions. So home and...

Curiosity Carolyn: Okay.

Leah Gibbs: community-based services on that big umbrella includes the services in the members' home. It includes services in the community and it includes those licensed settings. Like developmental homes and group homes, and assisted living centers. What's not included in there would be the intermediate care facilities. Those are considered institutions like hospitals are considered institutions.

Leah Gibbs: But for our waiver it's really different than other states because it all falls under one waiver whereas other states will have multiple waivers. I don't know if that helped or not Carolyn and...

Curiosity Carolyn: Yeah. No that does that does.

Leah Gibbs: if you don't mind if I could also share with you, we do have a mortality review committee. That is overseen...

Curiosity Carolyn: Right.

Leah Gibbs: By our medical director. It's certainly not.

Curiosity Carolyn: Right.

Leah Gibbs: Everything is not perfect. We do not have the investigative authority. To demand autopsies. However, that is driven by the coroner or the attending physician. Okay, I'll let you keep going.

Curiosity Carolyn: Mm-hmm. Yeah,...

Linda Mecham: I have.

Curiosity Carolyn: No, That's, that's very helpful. Yeah, because I'm coming up.

Linda Mecham: Wait Carolyn,...

Linda Mecham: Carolyn, Carolyn wait. Before you continue on that note? Would it be? Good. If DDD had the authority to request autopsies.

Curiosity Carolyn: Yes. Yes. Absolutely.

Linda Mecham: Well Leah. Let me ask Leah.

Leah Gibbs: I'm going to have to say that Linda for that to happen, we're going to have to have the funding for it to occur.



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Linda Mecham: To request, just to request. Because the requester is the.

Leah Gibbs: Well.

Linda Mecham: It has to be more.

Leah Gibbs: Investigative body.

Linda Mecham: Yeah, yeah,...

Linda Mecham: okay. So it would and...

Leah Gibbs: Right. Right.

Linda Mecham: it would probably have to be something legislative. For that? Or could it just be?

Leah Gibbs: Or potentially the Corners Office rules. I don't really know enough about that, but that would probably be legislated as well. I don't know enough about in Arizona. Yeah.

Linda Mecham: Okay.

Linda Mecham: How many, how many deaths in the state of Arizona? Do you think would need to be investigated? Because I've seen these reports and so far, I think all of them.

Leah Gibbs: Oh, you know, one of the IOC members asked for some data during the statewide IOC that I was sharing with the committee about...

Linda Mecham: Just say.

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Leah Gibbs: how many new members we had last year and how many members passed away last year. And we know that we had 320 members in the program of almost 50,000 pass away last year,...

Linda Mecham: That was.

Leah Gibbs: I cannot I don't have any data whatsoever to tell you, which ones were under hospice care or under medical care with a potential expected, death, or how many of them were not and I don't know how many had autopsies performed and how many did not I don't have any of that data.

Linda Mecham: I wonder if that would be good for us to have to get that data. because I think,

Leah Gibbs: I don't again, we can you could you can ask for it and and they can certainly let you know what we know.



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Linda Mecham: Well, just expected versus unexpected. That would give us a percentage to kind of go forward so that we can determine, you know, if the death is expected then I...

Leah Gibbs: Right.

Linda Mecham: you know, like Marks was not, Marks was not expected...

Leah Gibbs: You understand?

Linda Mecham: But yet it was done in a situation, in a hospital situation, to where, you know, An investigation or autopsy, we would not have requested because we knew what was going on. But yet, there are those, you know, that where there's nobody there that can say,...

Leah Gibbs: Right.

Linda Mecham: Okay this is okay we don't need to do an autopsy and I think that you know, at least if we had a percentage of the unexpected that could possibly need to be investigated then we could move forward because that's one of the questions. The legislators ask us, "How much is it going to cost?" So, And so...

Leah Gibbs: You're right, they do.

Linda Mecham: then you know and then to find out how much a typical autopsy would cost through the coroner's office. That's easy. That's a phone call. I've got people that could tell me how much an autopsy cost you know but so just doing the math we could figure that out if we had the data to go along with that. So, do we need to make a motion or can you just Give us that information.

Leah Gibbs: I'm going to need you to make a motion and put it in writing for me. I'm sorry but that's worth going.

Linda Mecham: You Carolyn hang onto that.

Lisa Ehlenberger: Okay, so

Michelle Rademacher: Eva has her hand up by the way.

Linda Mecham: Eva, go ahead.

Women's Studies: Okay, so I read the "Closed" of deaths and they are actually in all the ones in 2022, I only had one concern and I sent that one to Linda. And at that time, I think APS, was involved. you know, with the situation Before. It in relationship to the the death. and, And there was another one. That I read. where,



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Women's Studies: The member ended. Because of staff "Neglect". He ended up in the hospital on a ventilator. And I'm waiting to see if he dies. So, the biggest problem comes in so it'd be interesting. And I went looking through the Members and I didn't see them under death. Anything like that. So the biggest thing is, before you request an autopsy, I think, part of what we need to do is make sure that maybe was APS involved. Was there. Another IR that Got them into the hospital. You know, or I don't know. if they got into the hospital because of the IRs, And they.

James Maio: so, So even this is James. So that is one of the things that we do review for every person who does that. Because again now, we don't know that the person isn't always under the care of one of our providers, when they pass away, a lot of times, they're in the care of the hospital when they pass, right? So, but we look at that when they are in the care of our provider? So we're looking at the 48 hours prior to them going into the hospital before they pass or You know, so we're backtracking from like so if they go to the hospital and they're in the hospital for two weeks and then they pass away. We're backtracking through the 48 hours, prior to them going into the hospital, looking at the care that they received to see if any of that.

James Maio: Led up to them. Passing away, was it, you know, neglect or abuse or anything. Any, any critical care that wasn't provided, that caused them to expire. So we're doing that. And that's also part of what Carolyn was talking about when they're reviewing, the death that is part of that. They're, they're looking at all of that.

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Women's Studies: and the only reason I brought that up James is rather than make an emotion to require to have an autopsy. My perception is that the

Women's Studies: you know, the investigative team had pretty much checked things out. So when they say it's unexpected, it's okay because you've already done all that stuff.

James Maio: So that is what we do on deaths. Deaths here are considered critical incidents. Arizona, that deaths are considered critical incidents for us.

Women's Studies: Yeah, so personally I don't see us asking the legislature for autopsies for our members. That's just my opinion. You know, so that if you made a motion, I would most probably say no

Linda Mecham: Eva is not that we're asking for autopsies in every situation and the motion that And correct me Carolyn if I'm wrong. The information that we would be asking for in the motion Would be to get data from DDD regarding the number of deaths. How many? And then the ratio to expected versus unexpected?

Linda Mecham: And then out of the unexpected, how many of those possibly could have benefited from an autopsy? And I mean, we're, we're so far down because then we have to go find a legislator. Who would be willing to look at this after we've done our homework and present so the only motion that we're asking is for



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data. We're not asking for autopsies, we're just asking for the data to see if it would, it would behoove us to move forward on this.

Women's Studies: Okay, I'm sorry. I misunderstood what you

Linda Mecham: No, no, I understand but I just wanted to clarify that because it just has to do with the data not with actually doing one. You know, is this going to be something that works after? We look at the data? Is that something that we as an IOC? And I know District West is looking into it as well or something similar to this, but is it because they had an incident that that in my opinion should have been autopsy but wasn't but anyway, So it's just getting the data so that we as a committee can decide if this is something that we would like to pursue and if so how do we go about doing that? And then at that point we would, you know, determine moving forward. But this is just collecting that at this point.

Curiosity Carolyn: And one of the things I'm wondering, James is, you know, it's great that you guys review the 48 hours preceding the hospital admission. But 48 hours, doesn't seem like a super long time for me to me to be kind of looking into what happened to that person that's

James Maio: Oh that's just the initial they do us. They go back. Six months on the mortality review because they look at all that. They look at all of the medical information that I mean it's a lot more but they initially they're just looking for like, was there an initial cause to

James Maio: You know, for them to go into the hospital, they're just looking for red flags as to why somebody might have that might have triggered them to go. Especially if it's like two weeks later, there's some things that just trigger you right away, you know, that might have been something obvious, you know, but they're looking for the in-obvious things that...

Curiosity Carolyn: Right.

James Maio: You know, because again they have nurses looking at like medical information that it all gets reviewed by the QI medical team but they're just looking at everything. But then they go back, we pull them when we get a death, we go back out especially if it's in a group home or ADH or CDH and we pull all of their medical documentation for six months, so that it can be reviewed by the mortality team. Do the mortality review with the medical director.

Curiosity Carolyn: Okay. That's great.

James Maio: Yeah, and you're looking at also, if they pass away in the hospital AHCCCS also has a mortality review as well, so it's not just ours. That's why you know that there's a lot of different components that go into these reviews. So...

Curiosity Carolyn: Right. Right.



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James Maio: But you know, it's all about who is providing care for us because again, if they pass away in the hospital we just have to look at did something happen while they were under the care of one of our providers that You know, we have to look at. So that's why what I'm saying, that, even if they pass away at the hospital, we have to look back and see did something happen while they were under our care that we, we might have been responsible for

00:35:00

Curiosity Carolyn: Mm-hmm. Okay. Okay. Yeah, so in this GAO report, they talk about six components of the mortality review, you know, starting with screening the individual deaths and then going on to aggregating that data, over time to identify trends. So they talked about, for example, one state where they saw an increase in choking deaths and so they really up their game in terms of their protocols on, you know, bite size and access to food and supervision while eating for people who are vulnerable in that area. and, then they also talked about

Curiosity Carolyn: Four additional components in mortality reviews. So having an interdisciplinary mortality review including external stakeholders, and taking statewide action on findings to systematically improve things and then making that mortality review information public, Um and then one thing I also wanted to share was I looked up in Arizona? Well, let me backtrack, so I happen to know that there's a difference between a coroner and a medical examiner. So a corner doesn't actually have to have a medical license, whereas a medical examiner does. So in AZ according to what I found from the CTE Arizona has medical examiners in and I

Curiosity Carolyn: I'm not sure it's every county but it is a state where we have medical examiners. And so they have to have like their medical examiner's office has in Maricopa County. They have extensive certifications and accreditations, but that's really kept critical, you know, because that's, that means that those are people who actually have the medical legal background to do those investigations. And I thought what I thought was interesting was that they said that the types of deaths that are required to be investigated. You know it includes a standard things you would expect but it says in Item number three is "death occurring suddenly when in a parent good health" and I just thought that was interesting because I mean, how, how about how many of us would be technically in in apparent, good health, you know, I mean,

Curiosity Carolyn: I have multiple autoimmune issues so I don't I don't qualify.

Linda Mecham: You look like you're in apparent, good health. But and...

Curiosity Carolyn: Yeah, I certainly look like it.

Linda Mecham: who knows that that aorta is going to burst any time, right? Yeah.

Curiosity Carolyn: right? Yeah. So, you know , we know that our population is at risk. So that's why I wanted to look more into this. So, I would love to collect that data, I would love to do motion on that.



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Ron and Eduarda Yates: Thank you.

Linda Mecham: So cute. So do you have a motion? That you would. Forward.

Curiosity Carolyn: Yes, so I would like to make a motion that we request from DDD mortality data. On DDD members, which would include the number of deaths and the causes of death. and,

Curiosity Carolyn: For the ones where it's unexpected.

Curiosity Carolyn: Whatever further action was taken, or is that too comprehensive Linda?

Lisa Ehlenberger: I think maybe just expected and unexpected. What do you think?

Curiosity Carolyn: Okay. Okay.

Linda Mecham: I don't know. Personally. If it's expected.

Linda Mecham: I was having gone through the deaths if it was expected. I don't know that I would want to have somebody coming around asking me more about it. It was unexpected, then I would appreciate somebody coming and saying, Hey Linda, you know, what happened, you know, or or them doing further investigation into it. And then, if I say it's okay, you know, he was in a hospital setting, not to worry about it, which is basically what happened when he did pass away. DDD did ask me those questions but If I mean, the family or the caregivers or the people who love this individual, they've been through a lot. Just in the expectation and waiting for this person to pass away. so,

00:40:00

Linda Mecham: I would just say unexpected because those are the ones that are unknown is that's That would be my suggestion but, you know, it's a committee discussion here. So, And and...

Lisa Ehlenberger: I think.

Linda Mecham: I think I would want to do a time frame in that.

Lisa Ehlenberger: But when I think the motion wouldn't be the motion today, really just be collecting the data and part of the collection of the data of how many of the total deaths were unexpected. Unexpected would allow us to have a ratio so that we can kind of estimate...

Linda Mecham: Yeah.

Lisa Ehlenberger: what the potential funding cost would be for DDD. Should they eventually go into the legislative act where DDD can request an autopsy for those that were unexpected with additional data? That indicates? There's a possible reason that could be



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Linda Mecham: Right. I totally agree with that.

Lisa Ehlenberger: Wrongful.

Linda Mecham: I misunderstood. I thought that it would be the expected would be investigated not just used as data.

James Maio: Keep in mind that like I said there's a lot of deaths where there's no provider involved and those you might find there. So there are three types of deaths in our system, there are expected, unexpected and no provider involved.

Linda Mecham: What does that mean? James, no provider involved.

James Maio: That means that a member died. But there they were not permanent, not, they did not have any services provided to them. So we may not have any information on why they died because there was no connection to a provider. So we don't have any reason to be involved in the investigation of the death, because we were not providing any services to them at the time of their death.

Linda Mecham: When you say provider, do you mean like a group home or do you mean HCBS or what?

James Maio: It means that they were living in the family home and...

James Maio: they and they died. And we were not at, We were not required. So, maybe their parents contacted us and said, Hey, you know, my the member passed away. They didn't give us any additional information. They just said this person passed away and that's all the information that we got from them. And because we were not providing any service, we don't have any rights to get any necessarily any more information out of it than that, because we were not responsible for them.

Lisa Ehlenberger: Like what's an example?

James Maio: Um, so there's a lot of people again that we were not providing any residential services for anything. And if we were providing service, maybe it was habilitative services in the home, but they were not responsible for that person when they passed away. So, there's no requirement that they get their medical information about how they passed. So you might not be able to get anything if you're asking for follow-up on how they passed. So, just to be aware that you might, that might be some gap in the information that you're asking for.

Linda Mecham: so, let me just clarify that last point, so, if excuse me, if no one was on the clock for Mark, He lived at home. That would have been. One of those if I gave no information, correct?

James Maio: Correct. Yes.

Linda Mecham: Okay. Okay, I understand now.



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James Maio: Yeah. So if some people do give us some additional information and we do collect it, when, when it's given to us. But a lot of people don't

Linda Mecham: Yeah. So what do you think, Carolyn? What

Curiosity Carolyn: So, I think we should ask for data on unexpected deaths. And ask about, you know, what percentage of deaths are unexpected. And then for those unexpected deaths, what was the cause of what was the cause of death determined to be.

Linda Mecham: Okay. Any comments.

Leah Gibbs: I was with you till the very last thing you said Carolyn and you want to know the cause of death.

Curiosity Carolyn: Yes. So what percentage of deaths are unexpected? And then for those unexpected deaths what was the cause of death determined to be?

Leah Gibbs: James about that information, we would have it

James Maio: maybe the medical director might have that information through the mortality but I don't, I don't know, I don't think so.

Mandy Harman: and I don't, I personally am not sure if we would be able to get like I'm thinking about myself, I mean. Granted. if my mom to, like, if something happened to me and my mom chose To give them the impression and find. But I'm not sure.

00:45:00

Mandy Harman: I don't know if I would Like strange people knowing. That like, I don't. I mean, I understand wanting to know. The information. but, Again. I mean.

Linda Mecham: You're treading. We're treading kind of lightly on all this, right? We're getting into the information,...

Mandy Harman: yeah, like like Yeah,...

Linda Mecham: maybe, but

Mandy Harman: because maybe I mean. because, Here. I mean, here's my perspective being a member and also being, you know, advocate with just Doing here. Maybe right now I like to protect as much of my information as I can. From. I mean, Let's just put it this way, I had a meeting with Patricia on Friday. and we kind of had like, an hour meeting. Of just me not agreeing with or about stuff for my personal plans. So guess what? Like,

Mandy Harman: And there's just, I don't know, we have to be careful, I think. very,



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Linda Mecham: First. But let me ask you this, Mandy, what if you passed away? Let's just a, "what if" okay, when and...

Mandy Harman: Yeah.

Linda Mecham: We see that you've got a broken neck or you've got some broken bones, I mean I mean I would want to know just as your friend. Wait a minute. What happened here? You know. So there so it's kind of

James Maio: Those abuse or neglect involved, right? I mean,

Mandy Harman: Right. And like and I get that part two and yes, I want to know that for all of our members but at the same time, how do we mine out the information? That we really want is, is the point.

Linda Mecham: Well, I think that's fine. That's part of our role as an oversight committee to make sure that abuse and neglect is not going on. And so as we look at different things and...

Mandy Harman: Good. I mean,...

Linda Mecham: not and I'm with you, I'm with you Mandy, you know, I mean it's do

Mandy Harman: it's just, it's just so, I mean, I think we need to be very specific with the wording and I don't know how to word it, but I'm just,

Mandy Harman: You know. Yeah, because I mean, this is just my personal opinion because I've had things happen. I've had the APS to investigations on stuff that happened to me. And honestly, if APS is involved, I don't necessarily trust them all the way. Because I don't think they do Best thorough job. They can't do they, you know. And I know they have caseloads, but I mean that's just what I struggle with. So leave it. Too bad. Totally isn't an option either. I just don't know how to use the word. So what we get, what we need is. Is the issue.

Linda Mecham: Okay.

Curiosity Carolyn: so,

Linda Mecham: Brought you to tears, did it?

Curiosity Carolyn: Oh yeah, it's my dry eyes. So, the examples I'm thinking of are, for example, in the New York Times article, they talk about in New York State. There were two men who drowned in bathtubs who were paid, they were being cared for by the same company.

Curiosity Carolyn: There. So, they were being cared for by the same agency and they were both left unattended in the bathtub. And both were physically unable with the water running, and both were physically



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unable to lift their heads out of the water. And they both drowned and that occurred within four months of each other. And so that's kind of thing where

Curiosity Carolyn: You know, if you're really paying attention. Hopefully, after the first one, you would be saying, Boy, we really need to put in some more protections in place and actions should be taken to prevent that second fatality. Um, Another example that we gave in the GAO report, Is this just really awesome example, of a woman who had pancreatitis and...

James Maio: Of them.

00:50:00

Curiosity Carolyn: she was being somewhat monitored for it. She fell and hit her head and ended up in the hospital and then passed away. And as a result of the investigation, they discovered that her pancreatitis was far, worse than they had realized and that they actually led to a statewide change and how patients on a particular medication were monitored for pancreatitis. So the reason why I want to collect that specific data on cause of death is for example. You know, I have a friend whose sister was in DDD and choked to death. You know you want to, you want to know what the trends are. You want to know what the causes of death are so that you can say Boy Maybe this is an area that we need to look at more closely and what actions can be taken?

Linda Mecham: Leah. Let me ask you, this. Is this, something or James? Either one, is this something that you guys are tracking already cause of death and from providers and, and specifically, you know, our Is there one provider over another, that, you know, deaths are occurring, where you say, Maybe we better take a look at this provider. Is that going on? Already.

Leah Gibbs: I can tell you Linda. We, through the mortality review process, over the years,...

Linda Mecham: Right.

Leah Gibbs: they have watched for If there's any kind of a trend and we implement performance improvement, initiatives around that and and Carolyn hit, one of the major ones that's rolled out for several years and that is preventing aspiration in asphyxiation because of of the work that's done through health care services. I cannot. I'm not on the mortality review committee, so I can't really tell you exactly what they track. But I can tell you that, I know that there have been initiatives specifically rolled out because of concerns. James, would you add anything to that?

James Maio: No, but I agree that they do, they do look at those and, and they are constantly looking for trends, especially from death. And if you look at the number of deaths that we have, I mean, this last few years, of course, they've been relatively high. I think part of it has been the pandemic, of course, but I think that we haven't had a lot of specific trends from Unexpected deaths.



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James Maio: That has led to those types of things. But I think, you know, the The, you know, we've we've one of the, you know, largest lawsuits against the state of Arizona led from came from a drowning death, the Carolyn like you're talking about drowning in a bathtub. So those types of things always end up, being something that we look at because they end up being on the front page, you know? They jump out of you but the trends that tend to be the ones that lead to Things that we work on tend to be the ones that are hitting multiple times over a longer period of time. But that's what mortality review is pulling the data and then and pulling it down, not just for one district like ours, but across state line, you know, across the entire state

Linda Mecham: Could we request the information from the mortality review board? Is that something? That we

Leah Gibbs: I am not sure. I mean you can certainly ask Linda but I can tell you that it may very well be one of those protected actions. That occur over but I don't know. And you can certainly make the request and they'll be happy to. Let us know if it's information, they can or can not share.

Linda Mecham: Well, and, and the reason that I'm asking is because, you know, in the statute, it does say that to receive information on the deaths that we are to look at that. So, you know, in the motion we could we,...

Leah Gibbs: And you do get that information, right?

Linda Mecham: Yeah, we can. Yeah. well, yeah, but now we're asking for additional so that we can Have. I mean just knowing that somebody died doesn't give us. um, The information to know if it was a violation of their rights or abuse and neglect, that sort of thing, that's what I'm trying to say here. And I think that's where Carolyn's going to correct Carolyn?

Curiosity Carolyn: Yes.

Linda Mecham: um,

Mandy Harman: Sorry Linda but I totally agree with that. Part of it. I just don't know how to act like How? Words specifically, that part.

Linda Mecham: Well, let's see if we can work on the wording here a little bit Carolyn.

Curiosity Carolyn: so,

00:55:00

Curiosity Carolyn: So I think so the data of the work we would be asking for is unexpected deaths and causes of death and it would be data, that would be non-identifiable data so it would be no just Numbers and causes and sort of aggregate data. But no, no names, no identifying information. So that's what I've had in mind. I didn't mean to collect data on names and what that person died of and all details. Yeah.



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Linda Mecham: Not what about information from the mortality review board. That's available.

Curiosity Carolyn: Yeah. So the most would be, yeah. So the motion would be that our committee. I make a motion that our committee requests data from the Mortality Review Board on unexpected deaths and those causes of deaths. To and not including any identifying information.

Linda Mecham: and with that also include the total number of deaths so that we can get and,

Curiosity Carolyn: Sorry. Yeah. I can really struggling with this. Yes. Yes.

Linda Mecham: I know it's hard. It's I know it's hard. I know.

Motion and Vote:

Curiosity Carolyn: So my I make a motion that we request mortality data from the mortality review board to include the total number of deaths. The number of deaths that are unexpected. and for those unexpected deaths, the cause of death, not to include any identifying information

Linda Mecham: Okay, that sounds good to me. Does anybody have a discussion on that?

Mandy Harman: That sounds fine with me too. I just,...

Linda Mecham: Doing.

Mandy Harman: I just couldn't come out with the I will second her motion.

Linda Mecham: Okay. Thank you and now's when we have the discussion. I'm sorry I got out of order there. And Eva.

Women's Studies: I second.

Linda Mecham: Well, Mandy already seconded it. Now we have. We're having discussion right now. Okay, all right.

Women's Studies: Okay.

Linda Mecham: No discussion. All right, I'll get it. I'll get it written up. Right now, reading Debbie is that you have a comment?

Women's Studies: Don't we have to vote?

Linda Mecham: We will,...

+1 602-*-**22:** No, I thought we were gonna,...



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Linda Mecham: I'm wishing.

+1 602-*-**22:** I thought we were gonna vote and I was going to unmute it and then when you said you would get it written up, I muted it again. Sorry.

Linda Mecham: Okay, sorry. All right, all right. Do we have a vote on it? all in favor, say "aye",

Curiosity Carolyn: Aye,

+1 602-*-**22:** Aye,

Mandy Harman: Aye,

Linda Mecham: Any against. **(No members responded)** All right, I will write it up. and, The way you the way you. Stated it Carolyn and I will forward it to Larry, and he can take care of it from there. All right. We'll see.

James Maio: Hey Linda. I just looked just so you know, I looked up. So we had 200, we showed in our system 247 unexpected deaths for last year and we only showed 21 expected deaths for last year.

Linda Mecham: So it's about 90% unexpected, huh?

James Maio: so, Yeah. So It looks like most of them are being done as expected. As unexpected this.

Curiosity Carolyn: Well, that's that's really interesting.

James Maio: Yeah, and I was just gonna look and see what the no provider. One was just to give you guys an idea of like what the numbers look like.

James Maio: This takes me a second here to put the dates in.

Linda Mecham: Carolyn. How often would you want to get this information from the Mortality review board?

Curiosity Carolyn: um,

Curiosity Carolyn: I'd say.

Linda Mecham: Quarterly.

Curiosity Carolyn: I would say quarterly. Yeah.

James Maio: And only 73. No. Provider deaths. So the majority of what we have going on is unexpected deaths.



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Linda Mecham: So, that is the And they are associated with providers, right? Okay,...

James Maio: Yes.

Linda Mecham: So that's the 300 and...

Ron and Eduarda Yates: Program.

Linda Mecham: change. That was about

James Maio: 24 to 247 out of about.

Ron and Eduarda Yates: Come from unknown.

James Maio: Change what Leah gave you earlier?

Linda Mecham: Let's see, so it's 10 11. 7, 7 is

Leah Gibbs: James, I got my data from Patrick. You know.

Linda Mecham: Brief 340, 341-351 something like that. Math in my head is slow today. Everything in my head is slow today. Okay.

01:00:00

Linda Mecham: So quarterly on that, right? Carolyn Quarterly. updates.

Curiosity Carolyn: Yeah.

Linda Mecham: Okay. Next, anything else on that, Carolyn that you wanted to bring up.

Curiosity Carolyn: Um, no, that's it.

Residential Billing

Linda Mecham: Okay, Lisa, do you want to talk to us about the residential billing?

Linda Mecham: Lisa.

Lisa Ehlenberger: Yes, can you hear me? Okay? Okay, so

Linda Mecham: Yeah, they are. Can I just preface this first before you start. This is something that is ongoing.

Lisa Ehlenberger: Sure.



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Linda Mecham: It's been ongoing for Years. And I mean it goes back to I think even Barbara Brent's time. So that's that's way, way back for you new folks. As old ladies know who we're talking about on that one but this is going back and it's really something that needs to be addressed and it's ridiculous that it's not being addressed. So go ahead, Lisa.

Linda Mecham: yeah, I mean

Lisa Ehlenberger: Okay, so I'm thinking What so what I'm going to share just in general? I know, I think that the main concern in regards to the information I have with my cousin is that. Let's just say, for example, Let me just look and get it onto my screen real quick.

Lisa Ehlenberger: Is that there is a state in the balance in her DDD. In her DDD account is way above and beyond. I mean, of course, it's just not accurate, and it appears that there's over \$10,000 in her DDD account. My aunt does not look at that balance so it's there's a credit and she continues to pay a little bit more than 50% of her income in her. For her rent and and daily care etc and yet. They, they're still not that they're not appropriately deducting, or Indicating that there is a bill for that amount. And it's so it's constantly turning into a credit.

Lisa Ehlenberger: so, I'm not sure if the adjustment in her DDD account has not been In alignment with her current income. So I guess the concern would be for other DDD members is, if this is happening for one, is it happening for all? where the disbursement amount or the adjustment that they're requiring individuals to pay that it's not being adjusted as their income. Is. As their income becomes adjusted or fluctuates. Okay, and the concern for my aunt is Will this impact? I mean, does her DDD account next week? Maybe this has been already. There's a solution for it that it's not necessarily. They don't look at the DDD account, when looking at eligibility. That. Does that make sense?

Linda Mecham: yeah, I'm gonna I'm gonna I was sending Michelle a note and Michelle, you know that. That attachment that I sent to you. That you showed at our statewide, can you share that? Do you know, do you know how to get a hold of that real quick? Or do you want me to send it to you again real quick?

Michelle Rademacher: Give me just a minute and I will pull it up.

Linda Mecham: Lisa. So, we for everybody, Carol sent me the Billings for the last three months, and I shared this at our statewide on Wednesday.

Lisa Ehlenberger: Okay.

Linda Mecham: So we'll actually be able to see what you're talking about and so, Carol. I mean we anybody that has people in residential, we know that there is a set amount that they pay every single month. Correct. Just second Mandy. Okay, there's a certain amount. Yeah.

+1 602-*-**22:** Linda. It fluctuates depending on how many days there are in the month. you know, like,



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Linda Mecham: Right. But that rate is still the same. depending on I mean like...

+1 602-*-**22:** Correct.

Linda Mecham: if it's 375 a day or if it's 73% or whatever, Right.

+1 602-*-**22:** Right? But I have a question, I don't understand what DDD account is that is that different from a bank account that Amy has, how do I find your DDD account? I mean what?

Linda Mecham: She's receiving.

+1 602-*-**22:** I don't know what that is.

Linda Mecham: She's referring to the account, the money that you would pay for Amy's housing, it goes into Amy's account. It just pays for her. Her housing, her room and board. That's what she's referring to as soon as Michelle pulls it up. You'll be able to see it, okay? But that.

01:05:00

+1 602-*-**22:** Why does that accumulate? If we.

Linda Mecham: No, because they're billing is wrong. Because they,

James Maio: So they're over there, it appears that they're overpaying is what it is, what it shows, right? That they're paying more than what is due. So it's building up a credit rather than Because they're not charging them the correct amount.

Linda Mecham: So this has been going on for so long. Can you just raise it up a little bit? Michelle? Thanks. Okay, so it's been going on so long. So this is for the bill for December.

Curiosity Carolyn: Right.

Linda Mecham: Or the due date. She got it in November and it's due December 20th. So the bill shows that she has a credit of \$9,414.27 and then minus the adjustment, then Carol, paid the bill, the rent that she's supposed to be paying every month of 12,064.90, then they They because she has a credit, she's putting more into it, it's like you're adding to a bank account. So now Diana has a credit of 9,893.17 in that account. But see if she if done, if Carol was to go off of their billing. Diana would be living for free.

Linda Mecham: For the next 10 months. Basically, and then what's going to happen at the end of 10 months and maybe DDD gets this residential billing system fixed And then they come back.

James Maio: Now you owe us almost \$10,000.



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Linda Mecham: Yeah, now you always \$10,000 Wait a minute. Where did that come from? You told me, I didn't owe anything. I'm just doing. I'm just paying what you tell me. I owe so because Carol smart and because Karen was smart. You know, they knew that they have that this billing is screwed up and they have to pay in order for Janie and Diana to live in a DDD residential setting and that's the amount they're supposed to be paying. Every month and so they keep paying this. But they keep showing this credit. Does that make sense to everybody?

+1 602-*-**22:** Yeah. I don't pay any attention to that because it is so screwed up what I call. But once a year and I say, tell me any great and they'll say, twenty three dollars a day. Say twenty three dollars a day so then I have just added it all up multiplied, it times if there's 28 days if there's, you know, 30 days of those 31 days and then I don't even look at the building. I just pay. I did, you know, whatever I'm supposed to pay that month. I just pay it because they're building is totally messed up and I've called them on it several times and they say they're trying to fix it and that's been years.

Linda Mecham: And that's exactly the issue here. Everybody has called on it. Karen and I had a meeting with them and explained it all to them and I don't, I don't know, you know, I don't know why they can't get it. And I don't, I don't understand the problem. The math in the system that allows us to keep happening but you can't live anywhere for free.

Linda Mecham: In you know in a residential settings. So you're gonna have to pay you don't get credit but anyway that's the issue. Correctly Lisa.

Women's Studies: I think she dropped off, but if nothing else, if they don't pay that, that twelve hundred dollars. You know. Then. Carol.

Linda Mecham: Around me.

Women's Studies: Carolyn goes over her.

Women's Studies: Her eligibility requirement.

Linda Mecham: Okay. Yeah. What if what if all of a sudden they say, Okay, here's your our billings straight and And were correct in your wrong. Now, here's your \$10,000. And now Diana's gonna lose their services. Lisa, you're on mute your mute.

James Maio: Well actually they better do a spend down but I mean still I mean that's still pretty crazy right? I mean they should get that stuff straightened out, I mean Leah. Who could she go to to get that cleared up? I mean somebody in. Billing. I mean,

Linda Mecham: We have James. Everybody's gone to them.

James Maio: And what's their answer?



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+1 602-***-**22: James, this is Debbie. I've tried. I've tried to And they say,...

James Maio: Yeah. I don't know.

Linda Mecham: What's their response?

+1 602-***-**22: Well, we're working on it. They'll say We're working on it. We know that we know there's issues and we're working on it because they did that to me too. They told me I'd not \$10,000 but that Amy had a couple hundred dollars credit. So I went out and bought some new bedding for her. What she desperately needed and a few other things and then the next month, they tell me, Oh wait, you always back, 200 and something dollars. so, Above her, you know, \$800 for rent. So anyways crazy.

01:10:00

Linda Mecham: So it has definitely has the parents in turmoil or the Payee. Mandy, you have a comment,

Mandy Harman: I, I know because I live in ICF, it's different, but they don't ever seem to screw up on mine, so if they can get it right for us, why can't they get it right? For everybody else. Like that just doesn't make sense to me.

Mandy Harman: because, I don't know, it just I mean, if they can do it, for one type of setting

Mandy Harman: And figure it out or is it just that specific caseworker? They handles that account. Doesn't know.

Linda Mecham: Now this is systemic Mandy. This is systemic. This is not just one individual case. This is a systemic

Mandy Harman: I'm just, I'm just trying. like, I don't, I mean, I have no idea how to fix it other than to do. Like, I know what, it's Supposed to be by the letter, they give me every year and I just pay it regardless of what. I don't even look at the statement, anywhere. I just after I get my check, I just pay the bill and we're good to go. So

Linda Mecham: Good. You're lucky. You're one of the lucky ones. Lisa, would you like to make a motion on this? To move it forward. You're on mute.

Linda Mecham: We can't hear you. Oh, you're having trouble.

James Maio: I don't think her sound is working.

Linda Mecham: Okay. Can you type it in the chat?

Mandy Harman: I think she already did.



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Linda Mecham: No, I wrote that. Yeah. That's okay.

Mandy Harman: Was that you? Sorry, Linda. I just saw something flash.

Linda Mecham: Yeah.

Linda Mecham: You want to call in Lisa?

Linda Mecham: Okay. Lisa's going to call in.

Linda Mecham: I When I brought this issue to Jeffrey and Larry on our agendas, they offered to have the billing come and Explain to us what the process is. But we have had that. them that Demonstration before. And so I, hopefully they took it as a respectfully decline, but we just, they just need to get the problem fixed. So maybe if we just bring it to their attention, we can get that done. So

Linda Mecham: Lisa, are you on the phone?

Mandy Harman: I think she's still needed, but somebody came in.

+1 949-*-**49:** How about now can you hear? Can you hear me?

Linda Mecham: There you go. Yeah. Good. Yes.

+1 949-*-**49:** Yeah, there's I was actually unmuted. I was unmuted. And it said that I was unmuted, but no one could hear me. So and then Sorry about that. Yeah, so I'm refreshed real quickly.

Linda Mecham: That's okay.

+1 949-*-**49:** You want a motion in regards to how we can look into the DDD?

+1 949-*-**49:** Accounts. Correct.

Linda Mecham: Well to get this issue resolved to have DDD get this issue resolved so that the parents are getting correct billing from month to month and that their system is and that you know, so the people have confidence and the bill that they received it is correct.

+1 949-*-**49:** Yeah.

Linda Mecham: And that we're not going to at some point have this either huge credit, which takes them out of service or...

+1 949-*-**49:** Or debt.



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Linda Mecham: how the eligibility or a huge bill that the family cannot afford to pay and then they get kicked out. So

+1 949-*-**49:** Yeah, exactly. So I mean, I think what would what do you think would be an appropriate motion in regards to this? Considering that that would be my question because I can't narrow it down. Like, would it be a motion for the DDD accounts to reflect the appropriate billing amount based upon the individuals income.

01:15:00

Linda Mecham: I think it's just I think it would be a systemic issue that they need to look at that systemically. What? What? programming, is that continues to

Linda Mecham: So, I don't know the word Produce.

+1 949-*-**49:** So basically...

+1 949-*-**49:** what it from my understanding, it's on the room and board should be 70% of an individuals like Social Security or Income, Correct.

Linda Mecham: That's one of them and then like Debbie has it's a it's a daily rate. So, there's There's a couple of differences.

+1 949-*-**49:** Okay, so it's really that.

Linda Mecham: Eva? What are Leah? Might I ask, what are the two rates? Is there a daily rate and then Do you know the percentages?

Leah Gibbs: It. Yes. And over the years, they changed them. And now it's 70% of the income toward room and...

Linda Mecham: Right.

Leah Gibbs: board. If the member resides in a group home In a developmental home,...

+1 949-*-**49:** Three. So let me would you mind if I can?

Leah Gibbs: There is a daily rate. And if they Figure 70% of the members income, if the daily rate is not that high. And build the lesser amount. So, it's not uncommon for people who reside in developmental homes, actually have a lesser amount that they pay than those who reside in a group home.

Linda Mecham: Okay.



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+1 949-*-**49:** Okay, so let's just say a student. So, in other words, so really it's about looking into the Proportionate.

Ron and Eduarda Yates: You.

+1 949-*-**49:** Rate and making sure that it's appropriate for that individual account.

Leah Gibbs: I'm going to be really honest and...

+1 949-*-**49:** I,

Leah Gibbs: tell you that it's very complex,...

Linda Mecham: Yeah.

Leah Gibbs: but it comes to the daily amount for members who are residing in group homes. In the rate book, in the published rate book, it talks about what would be the daily amount for a member but that amount fluctuates dependent upon how many other members are residing in the home. So if there are three people in the home, in a three person group home, there's a daily rate, but if somebody moves out that daily rate goes up for the people who are remaining in the home.

Leah Gibbs: Because they still have to cover those costs as long as it's less than 70% of their income. And it and it is not as straightforward as you select a residential option for your living option and this is going to be your daily rate forever and ever. Amen. And, and I am not the absolute pro on this process by any means. The portion of, folks, that were discussed during the statewide meeting that are our revenue desk. And yes, I know that they've reached out to them before, but they really are the people who need to help figure it out and fix it.

James Maio: So, maybe something like asking the division to look at the systemic issues. Around billing. For members rates. Or something along those lines, is what you guys are looking for for verbiage.

Linda Mecham: I think so. Because it is systemic, it's not. And, and it is complicated and I understand that

Linda Mecham: But you know this is this has been going on for years and it just seems like it only gets worse and and as if I were if I were in Carolyn's shoes or Debbie's shoes or in now Elizabeth's shoes and I keep going getting the wrong billing. I would be so frustrated. You know because I know what it's supposed to be and yet it's not. And why can't they get their act together? That's

+1 602-*-**22:** Well, it needs to be, it needs to be more precise and understandable. So that people self-explanatory,...

+1 602-*-**22:** so that people understand what's going on. and like, in Amy's case, They've always had just three. Girls with three young women in the house and they were using the fourth bedroom as an office. And



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somebody told them that since it was a four bedroom, There was potential. For four girls. And even though they had no intention of putting another girl in there because that's where they lock up the Sharps and do their book works and things. They may stand these rate because they said, Oh she lives in a house where for women can reside and there's only three, so then they raise their Amy's rate, but didn't tell me that either. And so yeah, I just call them. Couple times a year and say, Tell me Amy's daily rate.

01:20:00

Linda Mecham: Okay, I can't make the motion. So somebody needs to make a motion if we want to further this.

Women's Studies: Well, So, how about? The DDD residential billing needs to look at the program of 70% of SSI. or the daily rate. ADH. Or the daily rate depending upon members in the group home.

Women's Studies: As there seems to be a systematic error in their calculations.

Linda Mecham: How's that sound, everybody?

+1 602-*-**22:** That sounds a little complicated to me. Let's just make it

Women's Studies: Well, the biggest problem.

Linda Mecham: Okay. What do you have Debbie? What would be your motion?

Women's Studies: Well, the biggest problem is, I mentioned all three rates because the three rates are all different. but yet on the same page, There's this systematic error in their calculations.

+1 602-*-**22:** Well, but it's not even so much,...

Linda Mecham: I think.

+1 602-*-**22:** it's not even so much.

Women's Studies: and their yearly calculations because every year, SSI has been going up. And this year, there was a huge increase in SSI. Or SSD. Or whatever.

+1 602-*-**22:** well, I don't, I don't, I don't have a problem with their calculations.

+1 949-*-**49:** Yes. Correct.

+1 602-*-**22:** I have a problem. With Their transparency, and what happens in their clarification of their billing



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+1 602-***-**22: You see what? I mean? They can do whatever they want. As far as billing, but then they just need to let me know what they're doing, so that I know where I stand and if they're giving me credit, Are charging me more. They just need to have more transparency and clarification in their billing process,...

+1 949-***-**49: And accuracy.

+1 602-***-**22: there's something like that.

Linda Mecham: An accuracy.

+1 949-***-**49: Yeah, maybe transparency and accuracy.

+1 602-***-**22: Yeah, accuracy. They need to have more accuracy and transparency in their billing process.

Linda Mecham: So, I have language for a motion.

Linda Mecham: Don't make a motion, just say the language. And then we can make

Women's Studies: If?

+1 602-***-**22: Um, IOC request.

+1 602-***-**22: requests for the Residential housing program billing. Be more. Accurate and transparent. I don't know.

Linda Mecham: How about something to the effect that the billing accurately reflects the

Linda Mecham: rates. as put forth by who puts forth the rates Leah, For, for billing.

Leah Gibbs: Rates are published in the rate book. By the division...

Linda Mecham: By. Okay, okay.

Leah Gibbs: but the rate book is published every five years. It has a rate re-base associated with it.

Linda Mecham: Okay, so, so how about something to the effect? And somebody will have to make the motion, but just listen to this a second that DDD Billing.

Linda Mecham: Get their systems or produce this, let's see, systems to Reflect the rate for housing as reflected in the rate book, so that the payee can have an accurate monthly bill.

Linda Mecham: Something to that effect.

+1 602-***-**22: A monthly accurate accounting.



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+1 949-***-**49: Yeah. I mean. but,

Linda Mecham: And Bill.

+1 602-***-**22: Of their bill. A monthly.

Linda Mecham: Yeah. Yeah.

Linda Mecham: Accounting. Okay. Yeah. All right.

Women's Studies: So, so

+1 949-***-**49: Accurate monthly accounting of the bill.

Women's Studies: So, I so so, Okay, so I did, I know you didn't like all that but you know, for We're having difficulties with this residential billing people. So you need to be specific. I think DDD residential billing needs to look at the program of the 70%. Or the daily rate at ADH. Are the daily. Depending upon members in the group home as there is a systematic error in their yearly calculations in Billing. And be more transparent to the Payee billing. A bill.

01:25:00

Women's Studies: so part of what we're asking them is that they have a systematic error, And that they need to be more transparent. Payee's Bill.

Women's Studies: But they have to fix the systematic error first. Before you can get transparent In the bill.

Linda Mecham: I think it's a programming error. That's all. I mean. Just anyway. Go Any comments on what Eva has, Right.

Women's Studies: That's what I. At the program. So there's a program. because,

Linda Mecham: You know, it was good, it was good, but it does need, but I think you do need to put in there as reflected in the rate book.

Women's Studies: And reflected in rate book,

Women's Studies: As. Okay, depending okay. So

Linda Mecham: Okay, everybody. Listen, she's gonna read this. Okay.

Women's Studies: Okay. DDD residential billing needs to look at the program of the 70% of SSI or daily rate of ADH or the daily rate depending on members in Group home as reflected in the rate book. As there is a systematic error in their yearly calculations in billing. And be more transparent.



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+1 949-*-**49:** Monthly, monthly calculations.

Women's Studies: In their monthly.

+1 949-*-**49:** Correct monthly/ yearly.

Women's Studies: You. And be more transparent in sending out the payee's bill.

+1 949-*-**49:** And maybe maybe more transparent /accuracy.

Women's Studies: well, once they fix the systematic error then Then. Hopefully it will.

+1 949-*-**49:** Then it will be accurate. Yeah, that makes sense. Hopefully

Women's Studies: And be. Transparent in. Sending out the payee's bill.

Women's Studies: so, Because the biggest problem comes in is if the rate book does not change every five years. Then maybe that's the problem. Is the fact that The rate book, doesn't change and yet the money goes up. How much everybody...?

+1 949-*-**49:** Well yeah, are they reflecting? Yeah, and that could be a possibility. We're not in their system to know, but that could be one of that could be One of the errors is that they're not adjusting. The individuals income, as SBI continues to increase or fluctuate based upon. If they get a job and they start earning some money, it could be that for sure.

Linda Mecham: Well, and like Leah said, there's the conditions that you have to take into Take. into consideration is which is less the rate per day or the percentage rate too. So I mean it is it's very complicated but The bottom line is, they need to go in and fix their programming. So, Is there a?

Linda Mecham: Any additions or comments regarding EVA statement on this?

Women's Studies: I will send it to you.

Linda Mecham: Okay, is alright. Well wait let's let's vote on it first. But are there any comments concerns? All right. You want to read it as emotion and we'll second it.

Curiosity Carolyn: This is Carolyn really quick. I just wanted to say,...

Linda Mecham: Yeah, sure.

Curiosity Carolyn: I'm wondering if, if we can make it, make their like a second sentence, which says, You know, bills need to clearly indicate. um,



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Curiosity Carolyn: I don't know how to word this, exactly, but bills need to clearly indicate. You know what, what is what fee is being charged for? What service? So that that's part of the transparency is that the bill will clearly indicate,...

Linda Mecham: that's,

Curiosity Carolyn: you know, this is what you're paying for this X. This is what you're paying for Y.

James Maio: it's only it's only one thing though, isn't

Women's Studies: so,

Women's Studies: Yeah, this is only residential services.

Linda Mecham: But it's just room and board.

Curiosity Carolyn: Okay.

Linda Mecham: Right. James, is that what you meant?

Linda Mecham: but I think that it could reflect in the statement section in that center section, it could reflect something to the effect, 70% of the individuals SSI or \$23 per day. Is that reasonable James?

01:30:00

James Maio: You mean like a breakdown? Like, they should tell you exactly what it's for. That's That's, I mean, that's that's what you want to ask, where I

Linda Mecham: I would just like to see an accurate bill, I don't care what they put it. But I mean, you know, it is an explanation of the of the payment and everybody does an explanation, you get a doctor bill, it's explanation of benefit you get a you know, there's always an explanation so fill out that center section with the explanation is But let's, let's not push that. Let's just try to get an accurate bill first, right?

Linda Mecham: Just saying, okay.

Women's Studies: let, first of all, they have to fix the systematic error.

Motion and Vote:

Linda Mecham: Yeah, exactly. All right. Read it Eva. Make the motion

Women's Studies: Okay. DDD residential billing needs to look at the program of 70% of SSI or the daily rate ADH or the daily rate, depending on the members in the group home. as reflected in the



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rate book, there is a systematic error in their monthly calculations in billing. And be more transparent in sending out payees bills.

Linda Mecham: Do we have a second?

Linda Mecham: Carolyn, did you second it? Okay, you're on mute but we see you raise your hand.

Curiosity Carolyn: Sorry, this is Carolyn Wilmer. I second the motion.

Linda Mecham: You cold out there?

Curiosity Carolyn: Yes, my little guy needs to go to the bathroom. So,

Linda Mecham: Okay, all right. Is there a discussion, any further discussion?

Linda Mecham: All right, let's have a vote all in favor of the motion regarding billing. Say "aye".

Curiosity Carolyn: Aye,

+1 949-***-**49: Aye,

Linda Mecham: Any opposed. [\(no response from any members\)](#) Okay, the "ayes" have it Okay...

Ron and Eduarda Yates: Anyway.

Linda Mecham: Thank you. And if you'll send that to me Eva, I'd appreciate it.

PCSP Discussion

Linda Mecham: The next issue on our agenda is a person-centered planning document. I kind of went over that already with regards to what was taking place at the statewide meeting and the signatures the Spending Plan IR issues Eva.

IR Issues

Women's Studies: Well. When I read the closed IRS, I was just really surprised. That all

Women's Studies:[\(audio problems with Eva's feed\)](#) Out of ratios of staff people. Now, had a APS.

Women's Studies: so they said everyone there was out of ratio, Staff ratio had an APS number. so, where did they? the fact that every time that because usually when they have out of staff ratio all they did was substantiate. Now. As.



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Women's Studies: Up. Endangerment. And they have an APS. Number. And so, Why did they suddenly decide all these? In.

Women's Studies: I don't remember the last time I read, That they now. Yes. And is this going to cause a real problem with it with APS doing out of staff neglect? Out of staff ratio.

Linda Mecham: James.

James Maio: so, the medical director started to direct triage to send anyone who has enhanced staffing ratios. To have them refer them over to APS and to also have our Network teams start working with those agencies that are not meeting their staffing Ratios issues.

James Maio: So there's a relatively new practice. Is it? Impacting them? I don't know what APS is actually doing because we do our investigations completely separate. So I can't tell you what APS is actually doing with those if they're accepting them or not. So I Don't know if it's impacting them or or not.

Women's Studies: So, so Should. Have gone. My closed IRS. What? It was the results of The APS.

James Maio: No, because we don't, we don't get the results of the APS investigation, so we wouldn't be able to answer that for you.

Women's Studies: Okay.

Linda Mecham: I think just even I think just the fact that James is saying that they are working with the those folks that are not.

01:35:00

Linda Mecham: Staffing their enhanced ratios. I think that that should be sufficient for us. I

James Maio: So yeah we're me so network and quality are meeting with those agencies that are not meeting their staffing, ratios and and working on plans to get in compliance, trying to figure out what they can do. Some agencies are offering Special stipends they're working using their ARPA funds, trying to hire a new staff there working on, you know, different plans on trying to figure out how to add a staff them differently.

James Maio: Just trying everything they can to try to meet those ratios because it is getting harder and harder to fill staff positions. Probably the biggest issue right now, I think, in group homes. So there's a lot of vendors that are struggling with that.

Women's Studies: So, who did you say? so, When you say that the triage was there a particular person? Went after. That made this call about doing the APS.

James Maio: It was it was our medical director. Why was it was the quality medical director? Dr.



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Women's Studies: Okay, thank you.

Linda Mecham: James. I have a question regarding the enhanced ratio since covid is Basically over and the emergency health.

Linda Mecham: Health this?

Linda Mecham: Is about to expire. What about? UM, members who had enhanced ratios at day programs but have still not returned because the company is not Does not have the staff for that individual to return.

James Maio: What's the question about it? I think,...

Linda Mecham: Are they...

James Maio: like gonna

Linda Mecham: what I mean, what's going on? Is there anything going on with that? I mean, you know, it's a, it's All of a sudden you know this member does not or a member I know. Mark would still be home talking to Copa health and Andi's Petosky's boy is still home because they don't have an enhanced ratio for him.

James Maio: Yeah, it's it's I guess that's a big question that I can't answer. I don't know what those vendors are going to do to try to fill. Staff positions.

Linda Mecham: Is there, is there anything that says, Okay, we're not servicing you anymore. because, Can they do that? I mean because they had a program pre and through no condition of their own. Now they don't have a program because to go back to because there's not the staffing.

James Maio: Yeah, I don't know if that has anything to do with with Covid itself or just having to do with the job market now. I mean that the things have just changed and the number of people that are working and so I really can't answer the question. I don't know if Leah has heard anything.

Leah Gibbs: I can tell you Linda that there is a process that a vendor must follow. If they feel they can no longer support a member, they have to put in writing a letter that goes through customer service to the district program manager, and there is a process. Now, some families, I'm aware of some who are, even though Covid is sort of winding down, are still not comfortable because of pre-existing conditions of their family members about sending them back to day treatment. So if there are individual families who feel that they're ready for their family member to go back, and the agency is saying, we can't staff that needs to be elevated and it can be done through the persons and a service planning process. And, then we can get Network involved to work with that vendor and see what they can do to make sure that they can safely meet that member's needs.

Linda Mecham: so, so I can encourage the people that I know that have not been able to Go have your member their child.



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Linda Mecham: Go back to reach out because the support coordinators have done nothing. Nothing nothing.

Leah Gibbs: Yeah, if they want their family member back, right? Because again there are some...

Linda Mecham: Yeah. Oh

Leah Gibbs: who are still not real comfortable about that.

Linda Mecham: Well, the ones I'm talking about would like for them to go.

Leah Gibbs: Then they need to take that back to their team. Yep.

Linda Mecham: Support coordination. And if support coordination does nothing then what?

Leah Gibbs: Well, they can contact us here at customer service and we will be happy to get involved.

Linda Mecham: Okay. Okay.

Leah Gibbs: The expectation would be that the support coordinator would be working with their network staff. But if they want us, we'll certainly get involved.

01:40:00

Linda Mecham: All right. I mean she's out pounding the streets, looking for one for him, you know? so, Alrighty, sorry, Eva, go ahead. I just as long as we're talking in the hands ratio, I thought I threw that in there.

Women's Studies: No. Solve my questions. I just wanted to know what was going on with the IRs. Because I was just.

Linda Mecham: Okay. All right, okay.

Women's Studies: Really surprised.

Women's Studies: We need it. Oh, I got nevermind.

IOC Membership

Linda Mecham: Regarding our IOC membership. Carol called me, Carolyn McNulty called me, and she would like to retire. We've been blessed to have her on the committee all of these years and her knowledge. I mean, she's like Karen, She knew everything. And so I was disappointed to hear that but She has retired. I visited with Andrea Petosky. Who's been a long time member, and she too is going to retire. She's got her hands full. I don't know if you guys were aware her husband passed away. Um, like a year ago and she is home alone with Craig. And you know, Andi's teeny tiny and Craig's a big boy. so, She's got her hands full there.



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Linda Mecham: And then Tina Buetner is going through some issues with her family. And so she is just taking a leave of absence for now. And then when things settle down for her, she will come back on. so, To make a quorum. According to what I understand from Michelle and Jeffrey, we have to have five, which we do have five. And we are going to be recruiting. So I appreciate Lisa bringing on her friend and hopefully you will want to join us. And I have a couple of gals that have expressed an interest in joining, they're very active. in legislative issues, as well as

Linda Mecham: the community and have family members that are involved with the division. Eva, You're on mute Eva.

Women's Studies: Okay, so

Women's Studies: Uh, one of those policy things that DDD has been sending out, was one of them with IOC. and so, since they were talking about,

Women's Studies: Membership and Stuff. We need to make sure that part of what we need is two parents. Of DDD members. So they're talking about School age kids not adults, and

Women's Studies: 7-10 with expertise in one of the more areas. So one of the policies that they send out recently covered IOC and we are looking at members, we need to make sure that When we? recruit that they Fit one of the people on the bills. I think Carolyn is a parent. You have a school aged?

Curiosity Carolyn: No, no. My

Women's Studies: but this problem is, we need We we don't really have any parents of school age kids.

Linda Mecham: We may this next one that I'm talking to has school age. but, but,...

Women's Studies: Okay.

Linda Mecham: Regarding that, that policy. That policy just reflected. What went into law last year. They were updating the policy. Okay.

Women's Studies: Okay. Just, if you

Linda Mecham: I didn't have any issues with that policy. I read it. It's just reflecting what is in. In, in our, in the statute, setting up the IOCs, so we're good.

Linda Mecham: But it's good to be reminded of that. All right, now we're at the updates. DDD ADOA and Healthcare. Mercy Care. PRC. We'll start with DDD.

Updates from DDD, ADOA, UHC, Mercy Care, and PRC



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DDD:

Linda Mecham: You're up. Leah.

Leah Gibbs: Thank you, Linda. My updates are going to be similar to what Zane shared during the quarterly IOC. As you are all aware, the State of Arizona did have a new governor takeover in January, Governor Hobbs. And with the new governor, it's not uncommon that there are changes that are done about the agency directors. And for the Department of Economic Security, which is the department that we are DDD a part of, we have a new director, Michael Weisheart has been our leader for about the past three years, and has done an amazing job that he will be stepping down the end of January. And our new director will be Angie Rogers. We know that Angie used to be the CEO of Arizona, Food Bank network.

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Leah Gibbs: And we know that she has been an employee of DES in the past. I've not personally met her, but we hear exciting things about her stepping into the role. We do not expect that. It's going to have any negative outcome. When it comes to Zane continuing to be our assistant director for DDD. The AHCCCS administration last year. Jamie Schneider did announce that she wanted to retire at the end of the year. And there is a new director for AHCCCS. Her name is Carmen Heredia and she used to be the CEO of Via Del Sol, which is a behavioral health agency that also provides physical health support to people who are underserved throughout the state. So I am also looking forward to getting to meet her because that's not someone I have met before either, but we continue to hear pretty good and exciting things there.

Leah Gibbs: Over the last well, it's been since September first, the division has been working with our provider agencies to implement a new billing system. Historically, from the time, the division became a long-term care agency. We had an homegrown billing system that our vendors have utilized. However, we needed to come into compliance to make sure that the qualified vendors are billing in accordance with the Medicare Medicaid Rules for billing. So, as of September the 1st, we have implemented this new system. Prior to the implementation. We had 645 vendors successfully billing in our system. And after the implementation, we had 644 successfully Bill.

Leah Gibbs: The one that's the outlier there. I don't have enough information to tell you what, but it was not because it couldn't figure out how to build. And it could have been that they were Consolidated with another agency or chose to go out of business, I don't know, but but the majority by far of our vendors continue to be able to successfully Bill We also did an evaluation of how much money we were paying out for services for the three months prior to implementation of the new WellSky system and how much we paid out through September October November, and we actually had higher out payments in September October November, then we did in the three months, prior also demonstrating that that system is working and we're getting the money into the hands of the providers. The system is not perfect.

Leah Gibbs: There have been some challenges that pop up periodically and when those challenges come up they are elevated and we work with the Well Sky team and our DDD focused team to get them resolved just



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as quickly as we can. But the new system is up and running. Electronic visit verification that has been a system that has been in place for most agencies for a couple of years. But it does not been what we call a hard edit on claims meaning that if the vendor is billing a claim to the division they need to comply with all the requirements associated with EVV. And if they do not comply, those claims will not be paid.

Leah Gibbs: So the division it's working with AHCCCS and we continue to do outreach and hear from our qualified vendor community as well as from members and families, how the system is going. When we are identifying what might be systemic concerns, they're being elevated. The implementation of the electronic visit verification happened as part of the Cares Act, which was a federal requirement that was rolled out to all states across the United States.

Leah Gibbs: We know that there are some families who are struggling a little bit, but we are working with those vendors to support those families to address the concerns.

Leah Gibbs: The other update I'd like to offer to you is that as you are probably aware, the division was struggling in 2021-2022 about having sufficient staff support coordination, staff to support our members in the community, we have implemented several different strategies to address that. And in the months of August through January of this year. Course, obviously January is not done, but August to the end of December. We have had a net gain of over 100 new support coordinators on our teams, which is statewide incredibly exciting. We are so happy to be able to get to a point that we can start adjusting caseload sizes. So support coordinators can feel that they're able to provide the service level that they want to provide.

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Leah Gibbs: This is not done. It's going to continue to be a measure that we are going to be following at our current rate. We expect that we'll be fully staffed by summer and we're very excited about that. But it also means we have a hundred brand new support coordinators. So, we're doing training and we're doing support, and we're doing onboarding, and we're doing mentoring, and we're doing lots of strategies to try to help these new staff, take in a lot of information and learn it and implement it. And we know that sometimes that's going to be hard but we are, We are definitely feeling good about wanting to address, not only the numbers of staff, but the quality of staff and the support that we offer them to be successful. So those are all things that are occurring within the division.

Leah Gibbs: um, Also, the other new change that it's coming, Linda made reference to the pandemic potentially winding down in January,...

Leah Gibbs: the Secretary of Federal Health and Human Services. Did extend the public health emergency However, there's a lot of rumors that that could end with a 60 day notice at any time. Um, tentatively, we're hearing by April, but we don't have anything formal yet. But what it means for the division is that in preparation for this, it's been almost three years. Well, over two years that we've been doing a lot of virtual meetings, and, and we're seeing members as we can through cameras virtually, but we've not been seeing members in person.



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Leah Gibbs: So, as of April, the 1st, the division is requiring that support coordination return to in-person meetings. If there are families, who have family members that have a concern about that, For encouraging the family to work with the support coordinator and we will assure that our staff. Have the protections that may be needed including masks or whatever else is needed. So that member can feel more confident. We also know that there will be concerns about a lot of people in one room around one member and that will go back to a case-by-case basis. But if the team agrees, it's possible that the vendor may attend, may attend virtually, but the support coordinator in the member needs to be in person. And again, that's effective April 1st.

Leah Gibbs: Linda mentioned about housing that there was legislation and the division is working to implement a new service around housing for members who have complex needs in our dually diagnosed. And our initial goal here is to open at least 10 group homes around the state to be able to accommodate those members in a community-based setting and to be as successful as they can be. That's a project that our network staff is working on. um, is there anything that I can answer questions about?

Leah Gibbs: I saw two two hands.

Linda Mecham: Go...

Leah Gibbs: Can I go?

Leah Gibbs: Eva. First Linda,

Linda Mecham: Go ahead, Lisa. Go ahead, Eva.

Women's Studies: Oh, okay. Another one that was included with the IOC is the 590 crisis services that must have come out of the other agencies critique. Anyway, Dr. Dekker wrote that it up and part of my issue with Leah. our question for Leah, is

Leah Gibbs: Thank you.

Linda Mecham: Yeah.

Women's Studies: Well. You know. The biggest thing is, you know, you got a hundred new support coordinators, and you're doing training and all this other stuff. but on the same token, this 590 now puts Issues for the support coordinators about the event. One of that occurred before the crisis was called, and the support coordinating, notifying the planning team. And possibly attending. The 24 or 72 hour follow-up meeting and so I guess, part of what I needed to know was as DDD rolls us out, because it Because we got the 30 days ahead. So it hasn't gone out for public comment yet. so I just wondered how DDD is going to

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Women's Studies: Train the support coordinators to work with all these new crisis services.



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Leah Gibbs: So I can tell you Eva that the office of OPD Office of Professional Development has been working in, developing ongoing training for support coordination to collaborate behavioral health services, and like anything new. It's going to take a little bit of time for people to feel comfortable and confident. However, if there is an issue with a member and it has to do with navigating those behavioral health systems of care, we continue to have adult and child behavioral health advocates that are available to support the member and the family to make sure that their voices heard and to make sure that the system is meeting those members needs.

Leah Gibbs: So, new brand new support coordinators. They're on a learning journey and it's going to take a little bit of time, but it's happening for existing support coordinators. We rolled out some behavioral health mandatory training. I don't remember what month it was, and I'm sorry, but it was a few months ago and they're doing ongoing, support coordination behavioral health training,

Linda Mecham: I have a few questions.

Women's Studies: And you know what? What is a capital A C O M 4 1 7,

Leah Gibbs: ACOM in the AHCCCS for AHCCCS. We, as a contractor as an MCO, have to comply with AHCCCS policies, and they have a policy, they have an ACOM manual and they have an AMPM manual and they're all policies. And so the ACOM is posted on the AHCCCS Web page. If you want to send me an email I'll send you a link to it. No. Okay, but it's,...

Women's Studies: Right. You know,...

Leah Gibbs: they come

Women's Studies: but I just sort of wanted what it was because they talked about, you know,

Women's Studies: They were going to establish post crisis and care coordination and they were going to track. Track all this stuff and our commissions or something to follow. Oh, that was the other thing I have questions on? Is.

Women's Studies: Oh, maybe it was with James. The other one. Where do they have? These behavioral health. Hospitals. Discharging members...

Women's Studies: On. Meds that are APS.

Women's Studies: APC, or APN.

Women's Studies: You know.

Linda Mecham: PRN, PRN.



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Women's Studies: PRN and and then they get in the group home and they have no meds because the meds that they were released that were PRN and I've seen some IRs about it, but What is DDD, or Talking to these behaviors health people about releasing our membership PRN meds.

Leah Gibbs: so, There's as you know, there's the perfect world which is the one we would all like to live in. No one would be discharged without a discharge planning meeting. Qualified vendors are told through our Article, 9. You can't be receiving a member who has a standing order for PRN medication for behavior modification purposes. And it's ongoing.

Leah Gibbs: Collaboration with the, with the hospital that is supporting that member And, um, any time there's a concern that a a discharge is being pushed when it's not safe because the members on a PRN and our staff can't do a PRN, we need to stop the discharge until we can figure out what we can do to support that member that does not violate Article 9.

Women's Studies: So in other words, you have a real mess.

Leah Gibbs: Sometimes. I'm telling you that sometimes it goes perfect,...

Women's Studies: because,

Leah Gibbs: and it goes exactly how it's supposed to go and sometimes it doesn't

Women's Studies: Yeah, I've seen at least three three. And actually what happened is, one of them group home actually did what you said and then they were stuck in the hospital without anybody to take care of them because the hospital refused to send him home on meds and not PRNs. So, I'm just saying. This is a real issue and I don't know if we needed to elevate it some way. Or whatever, because I do know you do. Now have this crisis service with Dr, Dekker, which was really happy with

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Leah Gibbs: It's really a different situation that crisis has to do with when you need to call a crisis for a member in the community. yeah, but I can also tell you that when we are aware of those situations,...

Women's Studies: It. Yeah. On the same.

Leah Gibbs: our behavioral health unit with physicians that are in the behavioral health unit are doing outreach. I'm sorry, I'm uncomfortable doing outreach and support with the Inpatient service places who are supporting our members to make sure they understand that we have to function with an Article 9. And that they cannot discharge someone that is putting a member at risk because they're discharged. We can't follow.

Linda Mecham: Okay, thank you, Leah. I have a couple questions. The first one.



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Linda Mecham: Regard. When you were talking about the in-person meeting starting in April and...

Leah Gibbs: Yeah. Yeah.

Linda Mecham: you said the support coordinator and the member Need to gather,...

Leah Gibbs: Right.

Linda Mecham: but the rest of the team can be virtual, did I understand?

Leah Gibbs: Potentially, they could potentially be virtual.

Linda Mecham: Okay, now, I just wanted to I just wanted to make sure I heard that correct.

Leah Gibbs: You know, Linda, here's a really good example. We may have one of our behavioral health advocates involved but they're supporting a member statewide and so the team might be meeting in Kingman and they're not going to be able to drive for that meeting, right? So, we're a support function and we may very well be virtual Thank.

Linda Mecham: Yeah I get that. I get that. That's yeah I just wanted to make sure I heard that correctly and...

Leah Gibbs: You did.

Linda Mecham: then I attended a meeting. For better, Better Medicaid for Arizona. It's regarding HCBS services inclusion in the health plan.

Leah Gibbs: Yes.

Linda Mecham: How would that look for DDD? I mean, personally, I don't like it. I don't I don't think it's good, that's my own personal opinion. I'm just wondering how that would affect DDD if All of the HCBS services are under the Insurance plans.

Linda Mecham: I mean, that's a huge loss for DDD.

Leah Gibbs: It is.

Leah Gibbs: I have not heard that a decision has been made about that, okay. So Linda,...

Linda Mecham: It hasn't, I'm just You know.

Leah Gibbs: This is a tough one because now you're putting me in that really weird position, right? So, there was conversation back in 2019 when we implemented the integrated behavioral health and physical health, of also putting LTSS, long-term services and supports under the health plans and it was shut down legislatively shut down. Now, that hasn't stopped the organization from continuing to advocate for that as an



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option. My understanding through their advocacy is, they want families to have the choice. That you can choose to have your long-term services and supports through DDD or through your long-term care health plan. However, I have not heard that, that is moving that direction.

Linda Mecham: Okay.

Leah Gibbs: And what would it look like? It would be a massive bridge. We would have to cross at the time. Yes. It would be.

Linda Mecham: It would be. It would be huge and then you get into oversight. and, You...

Leah Gibbs: Yes, you

Linda Mecham: because we Would not have oversight over the health plans, or what's going on in the members' lives at that point. If it's a service provided by the healthcare plan,

Leah Gibbs: That's a really good point. Yeah. I'm sorry that I really can't give you a lot of

Linda Mecham: Anyway, I didn't care. I know, I know, I just I just wondered and and what you have said and I know you have to be careful because, you know, you work for DDD but

Leah Gibbs: Thank you. I do.

Linda Mecham: I'm sorry, I've got, I just haven't felt good for a while. So regarding EVV,...

Leah Gibbs: I'm sorry.

Linda Mecham: you brought that up the sign in and sign out. Must be done at home.

Leah Gibbs: Yes. It depends.

Linda Mecham: On what?

Leah Gibbs: Well, okay. I am not the biggest pro about EVV. I wish I were better at it. If it's a family member and they're using a fixed device. A FOB. It must be done at home.

Leah Gibbs: if they're using like a SAN data EVV system, or another GPS type system, There's more flexibility in that. Then there are vendors who have made policies about their own. So there's lots of different scenarios there. I we recently did a listening session on EVV and AHCCCS was present and got to hear, lots and lots of concerns from family members that they feel that as a family member, they should be able to use the paper timesheets and they should be able to use that FOB device rather than a electronic EVVdevice.

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Linda Mecham: Yeah.

Leah Gibbs: And And I don't know if there's going to be any changes as a result of those, but I know that there was a great deal of issues that were escalated and AHCCCS is looking at them. so,

Linda Mecham: So I did, I did EVV with Mark for about nine months.

Leah Gibbs: Yes. Yes.

Linda Mecham: And we were under six different apps in that amount of time.

Leah Gibbs: Yes. Yes.

Linda Mecham: It was the hot mess, but

Linda Mecham: My concern is, and there's this, you know, I hear all this stuff floating around.

Leah Gibbs: For sure.

Linda Mecham: And whether it's true or not, I just bring it to you guys and and generally you shut it down and I appreciate that. But because it's not good stuff that I hear. But I have heard that the sign in sign out requirement in the

Linda Mecham: Excuse me. Must be done.

Leah Gibbs: Bless you.

Linda Mecham: At home. And that right there. It's floating around can be a right violation, but if it's the and and The the rumor out there is that it is DDD requiring that and that AHCCCS does not. And so DDD is imposing this onto families. Okay, good.

Leah Gibbs: I can assure. You DDD is not imposing it.

Linda Mecham: But if

Leah Gibbs: but there is a requirement and it is AHCCCS that if you're choosing to use a paper timesheet, They are required. If you're using a FOB, That you need to sign in and sign out from home. That is a true statement but only in those circumstances. The other devices.

Linda Mecham: if it's okay, if it's a paper sign in and they're using the FOB, Okay.

Leah Gibbs: Correct. But if they're using an EVV device that has a GPS in it, There's much more flexibility. DDD is not imposing anything on our providers different than what AHCCCS has, because this is an AHCCCS program. It's not a DDD program.



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Linda Mecham: Right. Well, and CMS really so.

Leah Gibbs: Well yeah, through the CARES Act, yes.

Linda Mecham: Right. And so if a vendor is requiring that. What can be done about that? I mean,...

Leah Gibbs: so,

Linda Mecham: because you did, the vendors can set up their rules.

Leah Gibbs: And so, there, this is. this is a little harder, but you need to embrace the idea that the, if it's a family as a paid provider, Um, they're an employee of that agency and as an employee, if they're unhappy, they could potentially change agencies, they could go back to their employer, to try to work it out amongst themselves. But As a family member or any other direct care worker, they have to follow the same requirements.

Linda Mecham: Okay, all right. Good. Okay.

Leah Gibbs: Okay.

Linda Mecham: And then my final one, Is regarding. An issue that we were quite heavily involved in last year and that is an update on the abuse and neglect. I forget awareness.

Leah Gibbs: Oh, I can give you an update. Well, I think you'll be pleased with...

Linda Mecham: You, I hope it's a good one. Please tell me you. Because, you know...

Leah Gibbs: what we're Gonna I do and...

Linda Mecham: how anti I was about.

Leah Gibbs: I completely understand that. Um, so we've completed the survey. We had a really healthy discussion with IOC membership about the concerns about the existing and it's not really the concern about the abuse and neglect training for direct care workers. It's being offered to members and families. So what we're doing is we're putting out what's called an RFI which is a request for information.

Leah Gibbs: We are thinking that we want to lean toward contracting, to have the training offered with people who have background in trauma-informed care and how to recognize if other delivering information. It's upsetting to someone and what the appropriate actions are to take when that occurs To have them work with us to take, maybe the existing curriculum and rewrite it and and write it at a level, Linda. I know you're gonna be so happy, that all the to write it at a level that well is geared toward the audience.

Linda Mecham: Good.



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Leah Gibbs: That some members are gonna need it at a very different level than other members to your ability, cognitive ability, export support system, all of it. And so the plan is to do the requests for information so that we can make sure that training agencies have an opportunity to respond. If they're interested in training it, but to do that, they have to be in the procurement system. They have to sign up in the procurement system and we want it. We want to get information out and we want to hear back from our vendor community as well as others in the community about Do we want to hire one company statewide or regional? Or how do we want to handle that? And then our plan is to do a request for proposal and contract out for it. Now those steps I'll take time if I were hoping to get out around March,

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Leah Gibbs: And the requests for proposals out around June. But that's our plan.

Linda Mecham: so, The meantime, what's going on with the curriculum, in the meantime?

Leah Gibbs: In the meantime, it's an option. If people want to use it,

Linda Mecham: Still. This is what was going on last year.

Leah Gibbs: Yeah, but not we're not seeing a lot of people using it. And we recognize that we're not pushing it,...

Linda Mecham: Good.

Leah Gibbs: but there are some people that want it and that's fine. We it's more at this point. It's a requirement through the executive order that we make that's available. We agree. It should be made available. We agree. It should be made available at a level that's appropriate for the audience.

Linda Mecham: And that was the only thing that our committee was saying. That was our complaint. We agreed.

Leah Gibbs: What would you like to know you were heard?

Linda Mecham: Finally. Knock Knock.

Leah Gibbs: Don't say finally. I always hear you.

Linda Mecham: Anybody home? It's Linda Mecham. Don't answer that door. No. Okay, so we How can we watch for this RFI?

Leah Gibbs: So that's the plan.

Linda Mecham: Is that an email form or is it going out to select people or what?



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Leah Gibbs: um, I don't know the answer to that.

Linda Mecham: Okay.

Leah Gibbs: Okay, but if you could just send me an email to say when the request for information is released, can we please be included on it? I can certainly ask our contracts unit to do that.

Linda Mecham: All right. So that's just sending it out as contracts. Alright.

Leah Gibbs: It'll be through procurement. Yeah. And it may go out through the state but the Procurement office for DES or make them out. I assume they'll go out through the DES procurement.

Linda Mecham: All right. Thank you very much.

Leah Gibbs: You're welcome.

Linda Mecham: I am done with Leah. For now. No Eva. You have a question?

Women's Studies: Yeah. So, so you know, I talked about You know, Vanderbilt Universal Medical Center, having this stuff. And so Do you really have to create?

Leah Gibbs: But we even until we get there, we don't know where it's way. It's gonna go, we are going to be working with whoever, the agency is that we award it to and they will certainly be providing us. Their perspective and their recommendations.

Leah Gibbs: I'm not prepared to tell you, we're gonna adopt. Vanderbilt, I'm just not.

Women's Studies: I know, I know, but what I'm just saying is you know, there is Nationally accredited. sexual abuse training and stuff like that without having to Start from scratch. And that was the only thing I was talking about.

Leah Gibbs: Thank you.

ADOA

Linda Mecham: Okay. ADOA Larry. Do you have anything for us? Thank you, Leah. I appreciate that. Thank you. Larry.

Lawrence Allen: Good morning. Linda the only,...

Linda Mecham: Hello.



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Lawrence Allen: the only update I would have for the group. This morning would be, what Leah touched on a minute ago would be with the, with the Governor Hobbs taking office. We have a new ADOA director and her name is Elizabeth Thornson. her first day was actually,...

Linda Mecham: Elizabeth. Elizabeth. Soronson.

Lawrence Allen: Elizabeth Thornton. Yes, she was director's, She was Director Tobin's. Deputy Director. So it should be a seamless transition for for the agency.

Lawrence Allen: And I guess the only other update would be the open meeting law training that I touched on late last year. Still has not been scheduled yet. I'm waiting to get a few dates back. From the chair from the DDAC and as soon as I have that I will get that scheduled and inform the everybody on the committee of when the training is going to be.

Linda Mecham: Are you doing this all at once? For everybody, is that why we're waiting on him?

Lawrence Allen: Yes.

02:15:00

Linda Mecham: Did we send in dates? Or does. Or just their dates. You. I love the AC.

Lawrence Allen: Well, it's Yeah.

Linda Mecham: I get it. Come on. No.

Lawrence Allen: Yeah, you know this is a statutory Thing with ADOA and it's a requirement that we have to offer the training to the DDAC and it's kind of been slow. Scheduling so to speak. So I'm trying to get that scheduled and working with her and get that done. So as soon as I can get that date nailed down, I could certainly let inform the group and and hopefully most everyone can attend

Women's Studies: I'm sorry. My husband was here. Talking about lunch. So, what kind of training is this? I

Lawrence Allen: Open meeting law training.

Women's Studies: Open meeting law. Okay, thank you.

Lawrence Allen: Sure. And now, if you ever have a question on open meeting law, you can always go to our website at the ADOA, IOC website. Sorry and I can't talk this morning. IOC website and go to the Resource tab and there is an open meeting law training, already there for you. Um, go through the slideshow on the video there and it's very informative so you don't have to wait on me. It's there to take that your leisure and but as soon as I get the other meeting schedule, I will inform the group. It's always good to have it in person so you can have a good good Q&A and and get your specific questions answered.



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Linda Mecham: Sure. Okay, thank you Larry. I'm Good.

Lawrence Allen: Welcome.

Health Plans

Linda Mecham: United Healthcare. Stay on long enough. Oh yeah, Laurie you're here.

Laurie Ganzermiller (UHC): Yeah, hi there. I'm here. Can you hear me? Okay. Okay, great.

Linda Mecham: Huh. Sorry about the HCBS. I didn't mean to but I do think that it needs to stay in DDD.

Laurie Ganzermiller (UHC): Oh yeah, I you were totally fine. This is an open conversation. I'm fine.

Laurie Ganzermiller (UHC): so, the only update I wanted to share is that On January 17th, both United Healthcare and Mercy care presented to the DDD supervisors at their statewide meeting. And so we did A Presentation on health, plan covered services. And so it was a great meeting. We had a lot of fruitful conversations with the supervisors and, We plan to continue to do any type of training that DDD asks of us. We used to do this Pre-covid and we got away from it for a bit and so now, it was virtual, which was Perfect. So that we could get to everyone that was in attendance, but we do plan to continue these trainings and just build on our relationship with how the health Plan follows policies and procedures.

Laurie Ganzermiller (UHC): We provided great contact information at the health plan, should the support coordinators or supervisors? have issues that they need to resolve, which everyone Pretty familiar with how to contact our liaisons at the health plans, it works very well. It was a great meeting and we were happy to be there and Provide the training.

Linda Mecham: Thank you.

Linda Mecham: I think Mercy Care left earlier. Eva you have a comment. Question.

Women's Studies: People.

Women's Studies: What I just was wondering, how Debbie did with her healthy food card. and, maybe Leah or Laurie knows how Because for people who are Medicare DD, you know, DDD. The health card. Is. Got everything on it, including the healthy food card. And so I was just wondering how That was working with the group home. If they. A member to the doctor or to use the healthy food card. How is that working?

Laurie Ganzermiller (UHC): So I know that this has come up many, many times. Over the past few years.

Laurie Ganzermiller (UHC): and it really is separate and outside of the IOC, and This isn't the form. be more than, Discuss. The United Healthcare. Healthy food card. If you want to send me an email, we can discuss it further.



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Women's Studies: You know what? I know how to use the healthy food card. But what I'm saying you know The healthy food card And the health card are one in the same. And so, that's why I know, past, you know, you Things to The Guardian and so I didn't know how many people in the group home. The staff Takes the member, or do they? Have. The medical card. Because everything went to The Guardian. I just wanted to.

02:20:00

Laurie Ganzermiller (UHC): So I think Leah and I could probably take that offline and chat about how the group homes. Our educated on. The healthy food card. I think that's what you're asking about and that's something we could take offline and chat about how Group homes are educated and what is their understanding of that?

Linda Mecham: Thank you, Laurie.

Linda Mecham: Is Mercy Care here? Michelle, I thought she left. Did she?

Michelle Rademacher: No, she's still here. I believe.

Linda Mecham: Hi there.

+1 480-*-**17:** Yeah, I know.

+1 480-*-**17:** I'm here.

Linda Mecham: Oh, good,...

Linda Mecham: Thank you. Thank you everybody for hanging in with us on this great.

+1 480-*-**17:** No problem, but I do not have any updates. For this month. Unless anyone has any questions?

PRC:

Linda Mecham: Thank you, Patricia. Do you have anything? I think you're all filled from for February, right?

Patricia Sandino: So, good morning ladies or should I say good afternoon? The only update I have is yes, February is open. I'll be sending the March flier so it's been encouraged that we've been encouraged to encourage our IOC members to be present at least one session,...

Patricia Sandino: So I'm inviting all of you again, the flier will go out, but they behavioral health would like to see that. You know, we try to work on having a proper panel on board. So just let you guys know that that's been indicated. And the other thing is, as you all know, I was working, I was helping districts east. They currently hired a new chair, so District Central should be going back to normal. Oh, and that's about the only updates I have right now.



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Linda Mecham: Patricia. I want to ask you, do you see any rights violations? General types of rights violations or things that we might need to elevate as you do, PRC.

Patricia Sandino: not currently, you know, they are the small ones where, you know, I think it's mostly for you know, individuals that are their own guardians, right? That we actually can't. And we have to kind of see what kind of if any restrictions are in place. I have one tomorrow that 's gonna Refrigerator is locked. So to me, that's a concern and that's probably a restriction rights. So, and the reason for that is because they have another member who requires the refrigeration refrigerator to be locked. So I will bring that up. I do, I'm not sure someone from IOC will be on board tomorrow, I will check. Oh good.

Linda Mecham: I am, Yeah, I'll be there. So do you? Do you find it? Because I, as you know I sit on there frequently I don't like it when the signature page is "member unable to sign". and I, I'm wondering if we can do something about that. If from your I mean, I've elevated it wherever I can and Leah's knows about it, Zane knows about it and You know, maybe behavioral health can do something as well.

Patricia Sandino: I think they have a leadership meeting and I think that I can bring it up to my supervisor so they can present it to the leadership team, so they can discuss it and make it determination that that is something that we are looking for. I think there's a drop-down that they have to select one. I think it's been explained to us that we have certain options at this time.

Linda Mecham: Okay, well,...

Patricia Sandino: And we're trying.

Linda Mecham: Going back to in-person will help but it is a support coordination issue. But You know, if there's not team agreement, I don't like to agree on the Plan. But Anyway. Just me.

Patricia Sandino: So I think, at one point we did discuss as long, well, of course, both as you know, BTP plan requires two different documents. Once the BTP, another one is the planning document. And I think you're referring, you're referring to the Planning Documents signature in the back. Um, I have had some concerns as well,...

Patricia Sandino: especially there's a guardian and we're not aware of if the Guardian has seen it or signed off on it. So at this time, I guess, you know, I like I mentioned I will bring it up to my supervisor and kind of stress on that concern.

Linda Mecham: So, the behavior treatment plan is a part of the planning document. Correct?

02:25:00

Patricia Sandino: Are they? It's a combination of both and that's how it becomes a behavior treatment plan, right? So we have two signature pages, one, For the BTP, which is the agreement sheet on the front. where



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everybody signs and then we also have another signature page on the planning document, which was probably the last 90 day review.

Linda Mecham: Right. Okay. All...

Linda Mecham: Just waving the flag that I always do.

Roundtable for next meeting

Linda Mecham: Let's see. All right, round table, any items for the agenda for next month. So far.

Linda Mecham: Can you guys what you think about it as you come up with? Issues are concerns. Just email me. And they like to have it on the like Thursday, Wednesday, Thursday, before our meeting, so just let me know. Keep just, you know, make maybe have an ongoing list of things that you come across as you're participating. In the incident reports of PRC. All right, and we just

Women's Studies: You didn't want Dr. Decker to talk about that crisis program 590,

Linda Mecham: Do you? Do you want him to come?

Women's Studies: Personally, you know, part of why we got ahead of time. And because of the thing that I, I found very hard to understand what, what all that is, and and

Women's Studies: I realized the DDD. Doing their training and on the same token, how that behavioral health and the crisis team. That this bill, you know, that this segment thing agreed to it is actually working. And so I would really like to know He, you know, how can how can we make comments when the policy comes out? If we don't really understand it. I don't know if anybody else is Yeah. And it is a big issue, I think for our members and the fact that you know, about the PRN things and all that other stuff. Okay.

Linda Mecham: So you want him to come and talk about the crisis plan.

Women's Studies: Yeah. 590, he wrote the 590 It.

Linda Mecham: So you want him to come and talk about 590 correct? Right. Okay.

Women's Studies: Yes. I just

Linda Mecham: Michelle. Michelle, would you mind extending that invitation early enough? I'll send you an email to that effect, but we need to send that out early enough because he's busy and hopefully he'll be able to attend and if not him, then somebody that represents his office. Come and explain it to us. Okay. Okay.

Michelle Rademacher: I will send that out. Yes, send me.



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Michelle Rademacher: You're gonna send an email, correct. Okay.

Linda Mecham: I will,...

Linda Mecham: I will. Okay. All right.

Linda Mecham: and so if there's nothing else to discuss, We, this meeting is adjourned. And it is 12:33. Thank you, everyone, for attending.

+1 949-*-**49:** Okay.

Linda Mecham: It's been a great meeting. I appreciate everyone. And for the time that you put in, I really do. Thanks so much. Have a great month.

+1 949-*-**49:** Thanks Linda. They

Linda Mecham: See you like,

+1 928-*-**13:** You.

Joan McQuade: Thank you.

+1 602-*-**22:** You.

Ron and Eduarda Yates: Well, thank you.

+1 928-*-**13:** You.

Michelle Rademacher: Hello caller. Would you disconnect please? I do have a recording that I'd like to stop.

+1 928-*-**13:** You.

Michelle Rademacher: Hello. Please disconnect from the call.

02:30:00

Michelle Rademacher: If?

Meeting ended after 02:32:40 🙌

Discussion and Review of Incident Reports and Behavioral Plans

For Jan minutes IRs, the Committee members have been given November and December incident



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reports in the Shared Drive. This included open and closed reports.

November

Type	Open	Closed
Accidental Injury	1	116
Consumer missing	0	8
Deaths	3	7
Emergency Measures	0	20
Human Rights	8	6
Legal	1	3
Medication Errors	4	39
Neglect	27	39
Other Abuse	14	17
Other-Behavior	0	175
Other -Injury unknown	2	106
Physical Abuse	7	14
Property Damage	0	4
Suicide	0	10
TOTALS	67	564

December

Type	Open	Closed
Accidental Injury	2	108
Consumer missing	0	4
Deaths	0	7
Emergency Measures	1	21
Human Rights	4	7
Legal	0	2
Medication Errors	8	36
Neglect	28	38
Other Abuse	9	21
Other-Behavior	1	137
Other -Injury unknown	0	94
Physical Abuse	3	10
Property Damage	0	2
Suicide	0	6
TOTALS	46	493

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



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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.

Adjournment

Meeting adjourned at 12:33 PM

The next District Central IOC meeting will be held on Feb 27rd, 2023, at 10:00am in the same virtual format.