



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

**Monday, Feb 27th, 2023 – 10:00 AM to 12:00 PM**

**Call to Order**

Meeting called to order by Committee Chairperson, **Linda Mecham**. The date is Feb 27th, 2023, at 10:03AM. **The meeting took place Virtually due to the Public Health Emergency still in place.** Physical location when meetings resume in person they may be at 4400 N Central Ave, Ste (to be determined) Phoenix, AZ 85012.

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**Welcome and Introductions**

Attendance Virtually:

- **Linda Mecham - Chairperson**
- **Mandy Herman (attended both virtually & by phone)-\*\*15**
- **Eva Hamant (listed as Women's Studies)**
- **Carolyn Willmer(listed as Curiosity Carolyn)**
- **Lisa Ehlenberger**
- **Eduarda Yates**
- **Carol McNulty**

Attendance by Phone :

- **Debbie Stapley (attended by phone)-\*\*22**

Absent:

- **Sherry Wilhelmi**
- **Eduarda Yates**

Public in Attendance:

- **None**

Health Plans:

- **Dawn McReynolds (UnitedHealthcare)**
- **None (Mercy Care)**

ADOA and AHCCCS:

- **Larry Allen -ADOA**
- **Fredreaka Graham- AHCCCS**

DDD:

- **Leah Gibbs (DDD OIFA Administrator)**
- **Patricia Sandino (DDD District Central PRC Chairperson)**



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- **James Maio** (DDD District Central Quality Improvement Manager)
  - **Michelle Rademacher** (DDD IOC Liaison)
  - **Joan McQuade**(DDD IOC Supervisor)
  - **Dr Susan Arnold** (DDD Behavior Health)(attended by phone \*\*62)
  - **Cindy Leon** (DDD Behavioral Health)
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## **DDD District Central IOC Meeting -Virtual meeting (2023-02-27 10:03 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-\*\*\*-\*\*15, +1 520-\*\*\*-\*\*62, +1 602-\*\*\*-\*\*22, Carol McNulty, Cindy Leon, Curiosity Carolyn, Dawn McReynolds UHC OIFA, Fredreaka Graham, James Maio, Jeffrey Yamamoto, Joan McQuade, Lawrence Allen, Leah Gibbs, Linda Mecham, Lisa Ehlenberger, Mandy Harman, Megan Dougherty, Michelle Rademacher, Patricia Sandino, Women's Studies

### **Transcript**

*This editable transcript was computer generated and might contain errors. People can also change the text after it was created.*

### **Call to Order**

Linda Mecham: I hereby call to order this regular meeting of the DES DDD District, Central, Independent, Oversight Committee. Today's date is February 27th, 2023, and the time is 10:03. This is a regular meeting of the IOC, and it is being held electronically. And in an effort to avoid excess background noise, and potential microphone feedback, please mute your microphone when you're not speaking. The host of this meeting, which is Jeffrey, can mute you? But then you can unmute yourself when you would like to speak. You can mute yourself by clicking on the microphone icon at the bottom left corner of your screen or elsewhere depending on the platform. Please note that this meeting is being recorded and the transcript of that recording will be posted on the ADOA/ IOC website. Additionally, I have been asked to read the following statement. "Do we have anyone that has to disclose a conflict of interest? If there is, the committee member needs to disclose why?"

### **Welcome and Introductions**



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Linda Mecham: Okay, we will now have the introductions of everyone present at this meeting. My name is Linda Mecham, I serve on this committee because of my background in education as well as the fact that as you guys all know, I was a parent of a son Mark who was served by the division. We will go to Lisa.

Lisa Ehlenberger: Lisa Ehlenberger. I work. As a school psychologist. I'm a member of the IOC. I'm also a co-guardian of my cousin who will be 52 this year and she is a member of DDD.

Linda Mecham: Thank you. Lisa, Eva.

Women's Studies: I am Woman's Studies. Eva Hamant, I used to be a parent of a school-aged kid, but she grew up. And I also have a background in education and augmented communication.

Linda Mecham: Carol.

Carol McNulty: Hi, Carol McNulty. I have a daughter that's going to be 52 in the system, and I will be retiring next month. So, am I a guest this time, or am I?

Linda Mecham: No, you are a member.

Carol McNulty: This time.

Linda Mecham: You're a member, we didn't let you resign last month. We might not let you this month either.

Carol McNulty: Oh, you know when you approach 80, I think it's time to retire. oh,

Linda Mecham: All right, we'll see. Mandy.

+1 480-\*\*\*-\*\*15: This is Mandy Harman; IOC member, and also a member of the division and a teacher in the state of Arizona.

Linda Mecham: Thank you. Mandy, Debbie.

+1 602-\*\*\*-\*\*22: This is Debbie Stapley. I am the mother of a 40-year-old daughter, that is part of the DDD program and lives in a Tungland group home.

Linda Mecham: Carolyn.

Curiosity Carolyn: I'm Carolyn Wilmer. I'm a member of the IOC and I'm here because My sister-in-law, my late sister-in-law, Nicole, was a member of DDD.

Linda Mecham: Okay. James, would you like to? I mean, Jeffrey, I'm looking at James' face while writing. Jeffrey, would you like to introduce or call on the rest? I think that takes care of everybody on our IOC.

Jeffrey Yamamoto: All right, let me go ahead and Introduce myself first, I'm Jeffrey Yamamoto. I'm the IOC



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Liaison for District Central for DDD. Joan.

Joan McQuade: Hi, I'm Joan McQuade. I'm with the DDD Office of Individual and Family Affairs.

Jeffrey Yamamoto: Thank you, Michelle.

Michelle Rademacher: Good morning. My name is Michelle Rademacher. I'm a DDD Independent Oversight Committee Liaison for District West, District, North, and District South.

Jeffrey Yamamoto: Thank you. Megan.

00:05:00

Megan Dougherty: Good morning, everyone. My name is Megan Dougherty. I am the DDD, DPM, or District Manager for District Central.

Jeffrey Yamamoto: All right. Thank you, Megan. Leah.

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

Jeffrey Yamamoto: Thank you. James.

James Maio: James Mayo. I'm the Quality Assurance manager for District Central

Jeffrey Yamamoto: Thank you, Patricia.

*Patricia Sandino Introduced herself as the PRC Chair for District Central.*

Jeffrey Yamamoto: Thank you. Cindy.

Cindy Leon: Good morning, everyone. My name is Cindy Leon. I am the behavioral health manager for the Behavioral Health Administration with DDD.

Jeffrey Yamamoto: Thank you. Did I miss any other DDD staff?

Jeffrey Yamamoto: All right. Dawn.

Dawn McReynolds UHC OIFA: Thanks, Jeffrey. Good morning, everybody. This is Dawn McReynolds United Healthcare's, OIFA Administrator.

Jeffrey Yamamoto: Thank you, Dawn, Larry.

Lawrence Allen: Larry Allen with ADOA I'm the Statewide IOC Liaison.



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Jeffrey Yamamoto: Thank you, and do we have anybody else on this meeting that has not been announced? All right.

**Discussion on expected and unexpected deaths (Carolyn)**

Linda Mecham: Thank you, Jeffrey. And I appreciate everyone being here this morning. We'll jump to number five until Dr. Arnold gets in the meeting and that is Carolyn's discussion on expected and unexpected deaths. And we did get the answer back regarding our motion and Carolyn would you like to take it from here?

Curiosity Carolyn: Um, one thing I would like to do is find out, if possible, the ratio of unexpected to expected deaths in the general population, I think that would be helpful as a comparison. I've done research online and it doesn't seem like anyone actually tracks that. So, if it's okay with the committee, I'd like to call the Arizona Department of Health Services and talk to their Epidemiology unit, and ask them for any information that they might have about that, you know I would expect our population to have a higher rate of unexpected deaths than the general population but I do think it would be helpful to have a comparison and other than that, I don't really have anything to add. I'd really like to see those quarterly reports with the causes of death listed.

Linda Mecham: So, let me read our motion and the response. All right, just so everyone knows. Here is the motion that we sent to DDD last month, "Based on review of incident reports, particularly the deaths. We have become increasingly aware of the unexpected death ratio to the expected death with no cause of death indicated in the unexpected death IRS. In order to review this more completely, we are requesting that the Mortality Review Committee. Send us quarterly reports which would include the total number of this reported, the number of unexpected deaths, and the cause of those unexpected deaths without revealing any of the member's personally identifiable information",

Linda Mecham: And this is. So, basically, we're asking for a quarterly report, correct? Carolyn.

Curiosity Carolyn: Yep. Yes.

Linda Mecham: with the cause of the death of the unexpected.

Curiosity Carolyn: Yeah.

Linda Mecham: All right, so this was the response. "When the division refused mortalities. We make a distinction for each death as expected or unexpected. A distinction of expected would be a case where a member is in hospice due to a terminal illness and expires, whereas any other death would be unexpected. These distinctions do not have any direct correlation with a substantiated QOC or quality of care. Our QOC process is designed to determine if one of our vendors,

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Linda Mecham: Could have taken action that might have prevented the death. The division does not gather an official cause of death for every mortality.”

Curiosity Carolyn: Um yeah, thank you. And I am a little bit puzzled because I thought everybody who died had to have an official cause of death. I thought that was the law. so,

Linda Mecham: On the death certificate, it's listed there.

Curiosity Carolyn: Mmm, so is that when it's on the death certificate is that the official cause of death?

Linda Mecham: My understanding is it so Leah, do you have anything to add on this?

Leah Gibbs: I believe that in the response. Yeah, we're explaining to Carolyn, is that we do not collect the death certificate on every member who passes away. Therefore, we do not have the cause of death for every member.

Curiosity Carolyn: So, if it's an unexpected death, do you collect the death certificates for those?

Leah Gibbs: I am not on the mortality review committee and the response came from Quality and I can't answer that question.

Curiosity Carolyn: Okay, I think we need to find.

Leah Gibbs: I would be inclined to say, probably not that we do not collect them...

Curiosity Carolyn: Yeah. Yeah.

Leah Gibbs: Because there's not reciprocity there.

Curiosity Carolyn: By reciprocity, you mean?

Leah Gibbs: Between the doctor, the coroner, and the health department and issuing a free death certificate to DDD.

Curiosity Carolyn: Yeah.

Leah Gibbs: But I am not on the mortality review committee.

Curiosity Carolyn: Right, right? Yeah, that would be a good partnership. A good interagency.

Leah Gibbs: Life would be great in a lot of different ways. Carol, and I don't disagree with you.

Curiosity Carolyn: Yeah.



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Linda Mecham: Eva, do you have a comment?

Women's Studies: Well, yes. But because the last one, the last person on the unexpected list is somebody who had behavioral health issues, who ended up in the hospital. And so, I think what we need to do with their response, is the substantiated QOC. And that is the process of determining one of our vendors. Could have taken action to prevent the death, because twice, I've read IRs where because of something that the vendor did in the group home sort of led to them being in the hospital and they die. So, I think maybe what we need to do is ask the ask for the substantiated QOC for the unexpected death, because I'd like to ask James what happened to the last guy because I've read IRs on him. On behavioral issues, he ended up in the hospital and he ended up dying. and, and so, That would be that is sort of what you're all looking for. In these unexpected deaths is not just, you know, people who have been on hospice, you know, and all that kind of stuff because some of those but some of these You know medically fragile. There was another one. So, the biggest thing about it is you want to know and find out who. How QOC substantiated something that led to the death. That impacted. To me because that's where it is really is, needing to understand what happened.

Linda Mecham: What if we have the mortality? What is it Mortality Review board? Is that what it's called? The mortality review committee. Come to our meeting next month, would that work? And then maybe they can since...you know, Leah, doesn't sit on that committee and does not speak for them, clearly, but maybe we could have them come and answer some of these questions. Would that be a great idea?

Linda Mecham: Okay. Carolyn...

Curiosity Carolyn: Yeah.

Linda Mecham: what I would like for you two to do, is submit to me by the end of this week, your questions that you want the review committee to look at and answer specific questions so that they can come prepared with the concerns that you have. How does that sound?

Curiosity Carolyn: That's good.

**Vote on Motion**

Linda Mecham: All right. Do we have a motion to that effect?

Curiosity Carolyn: I make a motion that. Carolyn and Eva work on questions for the committee to discuss with the Mortality Review committee next month.

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Linda Mecham: Second.

*Lisa Ehlenberger seconded the motion.*

Linda Mecham: Okay, thank you, Lisa. Is there a discussion?



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Linda Mecham: All right, let's vote all in favor. I "Aye" okay.

*Group says "aye":*

Linda Mecham: Are there any names? All right, so you two get me, your questions and then I will submit that through the proper channels and hopefully, they can come next month. Thank you. Yes.

Jeffrey Yamamoto: Linda?

Jeffrey Yamamoto: Can we please go through the vote? We need to do one at a time, please.

Linda Mecham: Oh, we have to vote one at a time. That changed, right?

Jeffrey Yamamoto: Well, everybody's doing that vote, the recording can't pick up, nor can the kind of transcription pick up who said "Aye"

Linda Mecham: Okay, all right. Here we'll do a what's it called? An individual vote. Lisa.

Lisa Ehlenberger: "Aye",

Linda Mecham: Eva.

*Women Studies said "Aye",*

Linda Mecham: Carolyn. Debbie.

Curiosity Carolyn: "Aye",

Linda Mecham: Debbie.

*Debbie Stapley on phone said "Aye".*

Linda Mecham: Carol.

*Carol McNulty said "Aye".*

Linda Mecham: Mandy.

Linda Mecham: Mandy can you say "Aye"?

+1 480-\*\*\*-\*\*15: Some of you.

Linda Mecham: Can you vote on the motion? Mandy. Okay,...

+1 480-\*\*\*-\*\*15: But then, "Aye",

Linda Mecham: sorry, I didn't hear. I think I got it all and I'm not allowed to vote. So, Jeffrey. That's everyone, right?





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Jeffrey Yamamoto: Yep.

Linda Mecham: Okay. I got Carol, right? Did I get Carol? Okay? That's hard. When I don't know, we're not at the table I can't see all of you guys. I'm looking at a list. All right. Thank you.

Jeffrey Yamamoto: Thank you.

Linda Mecham: Do we have Dr? Arnold on yet?

Jeffrey Yamamoto: No, she does not appear to be on Cindy. Did you want to be able to take lead on that?

Cindy Leon: Yes, certainly, but Dr. Allen, excuse me, is on the call. She Let me know, she's here.

Jeffrey Yamamoto: Oh, she's on. Dr. Arnold are you on the "520" call?

Cindy Leon: She's on that one ending in six-two.

+1 520-\*\*\*-\*\*62: Hello, it's Dr. Arnold, can you hear me?

Jeffrey Yamamoto: Yes. Can you please announce yourself?

+1 520-\*\*\*-\*\*62: Okay, great.

Jeffrey Yamamoto: Thank you.

Linda Mecham: Excuse me. Dr. Arnold before you start Carolyn. Can you mute why you're not speaking? Please. Anyone who's not speaking. Please mute, thank you.

Jeffrey Yamamoto: And Dr. Arnold can you please announce yourself before?

+1 520-\*\*\*-\*\*62: Um, yes. My name is, Dr. Susanne Arnold. And I'm a psychologist and I'm the DDD behavioral health administrator.

Jeffrey Yamamoto: Thank you.

Linda Mecham: Thank you for coming on Dr. Arnold.

+1 520-\*\*\*-\*\*62: Okay, great. Anytime. I was going to say, Anytime, I've appreciated everything you guys do, and I'm always happy to be here.

Linda Mecham: Well, thank you. We try. So, the agenda item specifically is an Update on Policy 590 by Dr. Arnold, and Cindy Leon.

+1 520-\*\*\*-\*\*62: Here. Okay, so this policy was a new policy by AHCCCS, so it's in the AHCCCS Medical



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AMPM, AHCCCS Medical Policy Manual. And so, then, you know, we created a corresponding Policy set one is to oversee our responsibilities toward the health plans and then one is for us internally. And so, the crisis system, Part of the crisis system, involves a contract between AHCCCS and the Regional Behavioral Health Authority and Solari, and then our role is more responsibility to follow up after a crisis. So, I don't know if you guys are familiar enough with the crisis system that you don't need me to talk about that or if you wanted me to start there with, what the crisis system involves.

Linda Mecham: Maybe briefly go over it. Briefly.

+1 520-\*\*\*-\*\*62: Okay, great. Great. Okay. So, the contract between AHCCCS and the RHBA's has to do with really three parts of the crisis system. One is the telephone call center and individuals can reach the telephone call centers by using the, you know, the internal state. Telephone numbers or by calling 988. So, the new 988 number, if somebody calls it. And the person has an Arizona area code that 988 call will come to the same call centers in Arizona that the answer are RHBA crisis lines. and once a person calls in,

00:20:00

+1 520-\*\*\*-\*\*62: They talk to a trained mental health professional, a behavioral health professional who helps decide what's needed from there. So, it could be a matter of a warm listening ear, you know, is able to address the situation by phone. It could be that they need to call out emergency responders, you know, police, ambulance, or if it's if there's no immediate risk, they might activate the mobile crisis team. The crisis funding also covers the crisis centers and most of the crisis centers are considered 23-hour center. So, it they're considered very short-term and at the crisis centers they try to help a person. Either stabilize or move up into a higher level of care. Soe that is available to everybody in Arizona, they don't have to have AHCCCS or any health insurance plan and so for people who do not have any AHCCCS plan, And the RHBA's pay for the first 72 hours of crisis. If a person does have an AHCCCS health plan, then the RHBA pays for the first 24 hours of crisis and then after that, the AHCCCS health plan, take picks up the financial responsibility for the crisis, going forward. So, where we come into play is you know, through the health plans. The health plans would be responsible for any crisis needs financially, after the first 24 hours and then both the division and any behavioral health providers that are working with a member are responsible for follow-up after a crisis. So, what we want to do is you know very shortly, assess what was the reason for the crisis and are additional services needed in order to meet the individual's needs. So, the organizations that has the contract for Answering. The crisis call company is Solari,( s-o-l-a-r-i). That's the name of the behavioral health provider and Solari does send us a notification every day, to our Behavioral Health Administration mailbox of any DDD member who has called the crisis lines. and so, when we get those notifications, our team, sends those out to the support coordinator along with a link to the policy that the support coordinators follow and, you know, regarding a crisis. So, they have that handy and can reference it and will provide the name of the behavioral health complex care specialist, that's in that support coordinator's district and offer the assistance of the complex care specialist if needed. And, you know, the complex care specialist can easily involve me and Dr. Underwood our medical director. If our assistance is determined to be needed and then at the end of the month, when we compile all the crisis call information and we do send an email out to the support coordination leadership that lets them know of any members



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that have had multiple telephone calls to the crisis members or multiple mobile crisis team responses, there are, you know, kind of a small number of members that make a high volume of calls to the crisis center, for things that might be less than an emergency. You know, more, maybe something more that's a better match for one of the warm lines. As far as you know, one thing is a listening ear, but you know we take all of them seriously whether it's a person's first call to the crisis system or they're more like a repeat caller, you know it we have to

00:25:00

+1 520-\*\*\*-\*\*62: ...take, everybody's needs just as seriously. So that's kind of an overview of what it looks like from our end. Cindy, is there anything that I left out,

Cindy Leon: No, ma'am. You were very precise in that communication; I just do want to add that are complex care Specialists are looking at these lists also daily. So, if they see multiple calls, they are all doing an extra reach out to support coordinators to offer assistance and support to them.

+1 520-\*\*\*-\*\*62: Right, and I don't have the information in front of me, to know what the timelines are. But behavioral health providers are required. If someone is already in enrolled with a behavioral health agency, they are responsible to check in with a person and assess their needs. I think it's within 72 hours of a crisis, but I don't have that policy in front of me right now, to remember the exact time frame. But so, but there is a requirement for follow-up by those to support coordinator and the behavioral health agency and ideally, you know, ideally, we would like, you know, services in place that are sufficient to prevent as many crisis crises as we can. But if there is a crisis, we, you know, definitely encourage people to use those lines and get the support that they need in the moment.

Cindy Leon: In just for clarity, Dr. Arnold, I think the language is two business days from receiving notification.

+1 520-\*\*\*-\*\*62: For the behavioral health providers. Okay.

Cindy Leon: Yes. I believe that's the language that is being used.

Linda Mecham: Dr. Arnold, we have a couple of raised hands. First is Carol and then Eva.

Carol McNulty: This is Carol McNulty. I don't know if I understood it correctly, but you said that the area code had to be an Arizona area code, and what if you receive a call, Or maybe you wouldn't receive a call from out of state area code? How does that work?

+1 520-\*\*\*-\*\*62: Okay, that's an important question. Okay. So, There are Arizona numbers that the Arizona, RHBA crisis numbers, those are always answered in the state of Arizona. By the Solari call center. 988. is an addition to a nationwide crisis, prevention, number, And that 800 number is still in place, but 988 was added just to make it easier for people to remember. And, you know, be able to call a number when they're experiencing a crisis. The only downside to 988 is it is not geolocated, so it doesn't it does not transfer calls



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to the closest 988 call center it transfers that, it connects based on area code. So, if somebody has moved to Arizona from another state, say they're in Mesa but they got their cell phone in Virginia, and they call 988, that call will go to Virginia. And you know, hopefully, during the course of the call they'll ask where a person is from and you know, connect them to resources in Arizona. but It's another step and, you know, maybe not a certainty, that that's always going to happen. And so that's just one little glitch that everybody knows about. And I think that there's some discussion about it, but one of the considerations with 988 and the national 800 number for crisis prevention. Is that there? They've assured the public that they can call anonymously. And so, if they, you know, geolocate, From there. I guess it's not considered an anonymous. So, there's kind of some pros and cons To the way and the 988 calls are being routed. so that's why, you know, We kind of recommend to people to program in. The state of Arizona, RHBA crisis numbers and to use those if possible...

**00:30:00**

+1 520-\*\*\*-\*\*62: you know it in in a crisis calling 980 is better than not, not calling but that's just the little glitch there that. If you're calling with an out of state area, code your calls when you go to a call center in another state, Okay.

Carol McNulty: Thank you very much.

Cindy Leon: Just to follow up to that. We did have a meeting our Crisis did update us at that this is a work in progress. That they are trying to catch up with the 911 system that has been in existence to be able to identify geolocation. So, it is on their radar as an issue and my sincere apologies and need to provide a correction. It is within 72 hours for the behavioral health providers.

Linda Mecham: Just as a follow-up to Carol's comments. Dr. Arnold, would it be a good idea, because I know many parents here in the state, who have like you mentioned have moved here, don't have a 520-623 or 602 area code but rather the state that they're from. So, should we be encouraging them to get a number change in case? They need to call that Crisis Center number.

+1 520-\*\*\*-\*\*62: You know? Yeah, I would encourage them either to get a local telephone number or maybe program into their contacts the RHBA crisis numbers, you know, which are not as easy to remember. It's, you know, it would be a What ten-digit number. So, yeah, I would definitely encourage them either to get an Arizona number or to put in their contacts the RHBA number,

Linda Mecham: So, Megan, maybe that's something that support coordination, Oh Well, who's over support coordination?

+1 520-\*\*\*-\*\*62: So, is Megan on the call? Megan Dougherty. Yeah.

Linda Mecham: She is. Oh, no. Megan Dougherty's on. I was thinking the old the old way used to be. Anyway, maybe that's something that DDD can encourage the support coordination. Support coordinators to do is to make sure that there's a local phone number or program that into their phones. I think that's an



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important point. Eva, you have a question?

**Women's Studies:** well, that's part of, I have a question but part of that was I went to that conference and that in a webinar that did 988 and even though it is a geolocator, they do. They do give you options in Spanish and English, and when they find out, they can refer you back to Solari. So even though you get Somebody to answer your questions in Virginia, they will when you find out there when they find out you're in Arizona. They can refer you over to Solari because the 988 has two behavioral health units and one of them is Solari that covers Arizona. And 988, you can also text.

**Linda Mecham:** Thank you. Thank you.

**Women's Studies:** Well, so my question is, to whoever, so I've been reading behavioral policies and of course I was a little late to make comments which, but it turns out that there was a Medical Policy Manual Chapter 500 on the Behavioral Health Crisis Services and coordinating care coordination. That was passed in December, the 7th, the 2022 and it lists things for the support coordinator. That you mentioned that. When you talk about the complex care unit, is that the same thing that that they had the grant for so many people or is it a complex care unit? Different than that other grant thing, that's question one. and,

**00:35:00**

**Women's Studies:** So, so you mentioned that every day you receive notification who called and they go to the support coordinator and the support coordinator has to notify the team members has to make sure the medicines are taken as subscribed that there's a crisis plan, and all this other stuff. And they're supposed to attend the 72-hour crisis line. How come all that information is not included in the closed IRs. And the other thing is the division also in that policy has a division to ensure that they evaluate the post crisis care. And then they oversee the following things so, so I guess what I confuse because I read closed IRs with people going into crisis center. You talked about after 23 hours and so what happens in closed IRs. They don't say how long they are in the crisis center as opposed to getting kicked to the next place as opposed to going home. And do the 72 hours include the 23 hours that they were in the crisis center. I mean, there is a lot of things that in in the closed IRs that IOC sort of looks at are not being included in in the IRs and so that we can ask you to track information or to make sure we get how you're going to coordinate, making sure you evaluate. How we can get the report of the evaluation of the post crisis care that the support coordinators supposed to be doing. I'm sorry if that's rambling but there's a lot of information that support when the division supposed to do that. You didn't quite follow through with when you talked about as opposed to what Closed IRs do when we have to read them.

**Linda Mecham:** Thank you, Eva Dr. Arnold

**+1 520-\*\*\*-\*\*62:** Okay, let me start out by answering the first question, which is, who are the behavioral health complex care specialist? So, behavioral health complex care specialists, work under The functional area of healthcare services. So, healthcare services, we have that our Chief Medical Officer Dr. Dekker, and under him is Dr. Underwood, who's our Behavioral Health? Medical director. And then me and I supervise Cindy Leon, who's on the call and another behavioral health manager position, that's going to be Carrie



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Bole. If you guys know her, and, and then, Cindy and Carrie supervise the behavioral health complex care specialists and we have one or two in each district. So, for central, it's A Corey Niemeyer Bunkrud. But we, we have a team of eight behavioral health complex care specialists and it's their job to have a good understanding of behavioral health services that are available and to help teams if they're running into a challenge. You know, if they're if somebody might be in the hospital and meeting some transitional, place on, you know, before they're ready to go, back home to home or community, they might help out if the teams having a hard time finding Behavior analysis services or counseling, or peer support or, you know, any kind of behavioral health service that's needed so they participate in a lot of hospital discharge meeting and they also participate in just a lot of regular team meeting where somebody has behavioral health needs and need some services that they're having either here, they need a recommendation about what kind of services might be a good match or And they are looking for a service and having a hard time finding a provider. So that's kind of the gist of when our team gets involved.

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+1 520-\*\*\*-\*\*62: What do you have anything? You would add to that Cindy.

Cindy Leon: You know, they thank you summed it up very well.

+1 520-\*\*\*-\*\*62: Okay. And...

Women's Studies: So are they also?

+1 520-\*\*\*-\*\*62: then the question of Go ahead.

Women's Studies: I'm sorry. Are they responsible to make sure that the people are not discharged on PRNs?

+1 520-\*\*\*-\*\*62: that, that's good.

Cindy Leon: I'm sorry if they are involved with the member's care, that is part of an educational piece that they provide to inpatient settings as well as other team members. In addition to support coordination, if they're aware of that process.

+1 520-\*\*\*-\*\*62: Then the 23-hour crisis centers, and that's, often we have people that stay there much longer than 23 hours but that's kind of how they're designed and so If you would go to go visit them, a lot of them have what they call it a "living room model". So, it's a big room that has a bunch of recliners in it and you know, it can be kind of a challenging place to stay for very long if, if they don't have some extra rooms available, you know, that provide more isolation. But we do there are people who stay longer than 23 hours.

Cindy Leon: And if I may also as part of this crisis, communication and notification out to the field, please keep in mind that some of these calls are being, some are dispatched to need a crisis mobile team and perhaps a transport to a facility such as a crisis center and some are able to utilize the de-escalation



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techniques or even talk somebody through what may be their experiencing as anxiety or what have you. And so, there's they're able by the end of the call to assess that the member feels well and there's not a need for additional crisis services to go out and respond to each member. So not every member that has contact with crisis as early transported to a 72-hour facility. Excuse me, a 23-hour facility.

Linda Mecham: Dr. Arnold this is Linda just so that we're all on the same page. I put a question in the messages, "what is the definition of complex care and who does it include?" that might be a good jump-off for those of us that aren't I mean I'm clear on it but some of us might not be.

+1 520-\*\*\*-\*\*62: And so, when you say, who does it include? Do you mean? Well, rather than what staff members? Who are...

Linda Mecham: What members? Yes. What members qualify for "under complex care"?

+1 520-\*\*\*-\*\*62: are what members are included. Okay, and...

Linda Mecham: What, what is the defining moment for them?

+1 520-\*\*\*-\*\*62: Cindy, do you want to speak to that?

Cindy Leon: Certainly. So, I think one of the distinctions also is that this is the title, the complex care specialist is the title that this being held by a DDD staff member, So it's really at the discretion. We look at individuals that have high acuity of Inpatient hospitalizations, and difficulty navigating through the team process or accessing services and supports, so it can be anybody. Um that is support coordinator deems necessary that they need additional support. From one of our Employees to help them navigate through, and gain AHCCCS to services or supports. For a member who may be struggling, or they cannot identify in the community services. That would be beneficial to an individual. So, It's anywhere. On the spectrum. So, to speak of we're a member needs support.

+1 520-\*\*\*-\*\*62: Yeah, so we could we just kind of reiterate something she said so you know we could help It could be as simple as our team...

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+1 520-\*\*\*-\*\*62: you know, answering some questions or they could participate in team meetings for years, you know, it really runs the gamut, so we don't really label. Um, member complex care, it's more of just, you know, the name of our staff and the title of what we offer and for us, there's you know, there's no we don't put up any barriers whatsoever that nobody has to fill out a form. You know, you don't have to be approved. It's as simple as the support, coordinator making a call or an email to get us involved. We try to make it as easy as possible for people to access our assistance.

Linda Mecham: So basically, it's in its members, served by the division who have difficulties finding and or receiving services, correct?



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+1 520-\*\*\*-\*\*62: Yes.

Linda Mecham: Okay, I mean I know that's very simplistic but basically. Okay. Go ahead. Sorry.

+1 520-\*\*\*-\*\*62: Oh no, you're right about that. Those are the some of the circumstances where Our team might be asked for assistance. And then I'm trying to think about your the other questions had to do with. I mean it sounds like the incident reports are maybe talking about the beginning of the crisis you know what led to the crisis. And but, then it doesn't, the incident report doesn't continue on to say, Maybe you know how long a person was in a crisis center or the follow-up that was received afterward?

Linda Mecham: Dr. Arnold I think basically what she was, what she's asking and correct me if I'm if I'm not saying this the way You want it said. I think that she's saying that the policy, the new policy has requirements in it. Or says, or has things in it that are not being included in the incident report for the IOCs to read is that correct, Eva?

Linda Mecham: you're muted.

Women's Studies: So, the biggest thing of it is when you know, they went to the hospital. And so, my question is always "did the support coordinator attend the 72-hour meeting", you know, so if they're so they get the 72-hour meeting whether they're in the 23 or they move on, right? And so, the closed IRs, don't tell you how long they're in the hospital or if the support coordinator had a meeting and did any of the evaluation about the meds. Because then IR on the meds would be in a different classification, rather than with the closed IR on the suit on the crisis center. Usually, they are.

Linda Mecham: Let me, let me just say one thing. First of all, this policy was included in December of 2022, correct? Okay, so the closed IRs may have happened before that closing date on the policy before it was implemented. And so maybe going forward, the things that you're asking for need to be included. Because now it's new policy and that's what needs to be in there, correct? Okay.

Women's Studies: Yeah, yes, yes. So, I mean, you really, I mean, you know, we read, we read, I read close IRs in January and February and yet, that information isn't there. And so, if they close the IRs in January or February, that's after the policy went into effect. And so, the other thing of it is, You know, how is the division going to? How often are they going to regularly evaluate post-crisis care?

Linda Mecham: Cindy or Dr. Arnold?

Cindy Leon: I believe, and I could be wrong and I'm gonna ask Megan for her thoughts because it's been a while since I've been in support coordination. But I believe that there may be something that's followed through it from the support coordination lens. But I will ask Megan. If that's the case.

Linda Mecham: Okay. And your questions, Eva, have they all been answered?

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**Women's Studies:** yeah, yeah, I think it's it is going to be, I personally, I feel like there's a lot that needs to be done by the support coordinators and I guess maybe I need to maybe ask Leah about how support coordinators have been trained on these new requirements aren't they new requirements on making sure that they attend the 72-hour meeting and all that other stuff.

**Leah Gibbs:** I know that there's ongoing training for support coordination about their function and their role, but what I'm not comfortable with Eva, is giving you a specific answer. I would feel more confident responding to that through. Dr. Arnold or Megan.

**James Maio:** And this is James and then I guess the other question is Mmm. Which direction has they been given on documentation? Because I think what Eva is asking is, should are they supposed to be documenting that in an IR? Or are they documenting it elsewhere? Such as in their progress notes in their case files, rather than in the incident itself. Maybe that's the reason. She's not seeing it as it's being directed to be documented somewhere else besides the IR in IMS.

**Women's Studies:** Thank you. I have no questions more, right?

**Linda Mecham:** I think that this maybe, this is something that they can look at DDD. Can look at this coming month and come back and let us know what they have found? How does that sound?

**Leah Gibbs:** I think it needs to be very specifically asked Linda of a particular area. So there is no doubt who is following up for you.

**Linda Mecham:** Okay. All right. So, Eva, you and I can work together and come up with the questions. And anybody else that would like to work on this, of course, but we can come up with some specific questions and have whoever needs to come back to answer the questions. How does that sound?

**Women's Studies:** Okay. I think James's sort of maybe we could get into the minutes.

**Linda Mecham:** It'll be in the transcript.

**Women's Studies:** What he said was what really is What needs to understand is, does it go in the IRs, in this, in the case notes or whatever? Where is it being filed?

**Linda Mecham:** As long as it's being documented, right? Dr. Arnold, are you still on board with us?

**+1 520-\*\*\*-\*\*62:** Yeah, yeah. I'm here.

**Linda Mecham:** I'm sorry, we've kind of co-opted your discussion here, but do you have anything else that you would like to? Help us with or add to this discussion.

**+1 520-\*\*\*-\*\*62:** Um not that I can think of but you know I think it was a good start to the discussion and I think you have some good follow-up questions and so I think probably we're going to need to get support coordination leadership involvement in coming up with the answers for that, as far as their documentation



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requirements, and how that's being monitored.

Linda Mecham: Thank you very much.

Linda Mecham: Okay, Jeffrey or Larry. This is a point of order I suppose. Do we need to do a motion in order to present these questions? Or is this just follow up questions to a subject?

Lawrence Allen: I believe Linda, this is Larry, I believe this would be follow-up questions to the already. and then if you at that point, if you need more clarity then you can do a formal discussion about it,

Linda Mecham: Okay. Because these are questions that we've asked in this meeting and we can pick it up from the transcript, specifically, what the questions were and then present them. I'm thinking the same thing that you are that it's just follow up but like, they like Dr. Arnold and Leah, both of said, you know, they need they would need to get with the appropriate people to get our questions answered so and then we can invite whomever back next month to talk to us about those questions that we still have. Sound good?

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Linda Mecham: Dr. Arnold, I appreciate you being here. Thank you so much and Cindy the same to you. We appreciate it. Megan, you were on for this, call for policy 590. Do you have anything to add to this?

*Megan Dougherty replied that she did not have anything to add and thank the committee for letting her join.*

Linda Mecham: Well, thank you for being here. It's good to hear your voice again. So, all right, thank you and you're all welcome to stay on or you can clock off. Thank you.

+1 520-\*\*\*-\*\*62: Okay. I think I do have an eleven o'clock meeting so I wish you a great day.

Linda Mecham: Thank you, Dr. Arnold, thanks for being here.

**ER Court ordered assessment. (Eva)**

Linda Mecham: All right, our next order of business is a discussion on ER Court ordered assessment. Eva. I have no clue what this is.

Women's Studies: Oh, I didn't understand it either. So, well,...

Linda Mecham: Oh, that's scary.

Women's Studies: I actually The policy has not. This was Marissa de Cor of AHCCCS. Del Cola. anyway, it has to do with um, so it's an emergency rulemaking they added permanently Acutely disabled and gravely disabled. And so, part of this has to do with getting people into behavioral health. So, it's an assessment for the court order evaluation form and the court ordered treatment. So, before you could have a court-order



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treatment, you have to have a court-ordered assessment. And so, this is an emergency and they added two people, two, Things. They called them P A D. and GD. GD was gravely disabled and PAD was permanently acutely disabled, I think of my readings. And so, I wanted to know if this had to do Oh, and it was not supposed to be related to people who are SMI. and something to do with no change in Article 3. And so, they were having If you were interested in, they were looking for people to be on the committee to write this new policy. And so, I guess my question was what PAD and GD is as opposed to people who are in DDD. That was my question, and I didn't get an answer it because then they moved on to the that it was a very limited time and they spent more time on the 988 situation.

Linda Mecham: Who was presenting this?

Women's Studies: AHCCCS.

Linda Mecham: Well, maybe you can send someone an AHCCCS a note and get answers to that.

Women's Studies: Okay, so nobody in DDD knows what PAD and GD mean. If so I I guess part of what I wanted to know was you know, Sherry always talked about, is people court ordered to be in the mental hospital. And so, this has to do with getting the assessment to be court ordered to get into the mental hospital. and so, I guess part of my question was How are our people because, you know, when they talk about gravely disabled, how are they going to be? Are we going to have suddenly have people, who end up in crisis center all the time? I don't know if they're SMI, would they end up getting a court ordered assessment and get court ordered treatment. So I guess that was my question. That...

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Women's Studies: because I didn't really understand it, and why they sent it out to IOC members, that that was that webinar that I said and ask you if you went to because,

Linda Mecham: Yeah. That I didn't.

Women's Studies: That you didn't do. And so what? so, Yeah.

Linda Mecham: I was probably doing PRC, right? Right Patricia.

Women's Studies: Yeah, you were doing PRC,...

Women's Studies: So, the other thing of Oh yeah. So anyway, that one, that was my question. And so, they moved on and on the 988 when they were talking about the crisis's hotline possibilities, they were talking about, there's only one in Maricopa County, that is trained on different disabilities which is an AHCCCS requirement. And they were saying that autism, may need a more specialized training. For the 988 response teams.

Linda Mecham: Eva, why don't you and I get together and we can review that document and we can submit



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questions to AHCCCS and then next month you can come back. If they've answered them, you can come back and explain all this. How does that sound?

Women's Studies: Okay, so I do have that Marissa's email because it's because...

Linda Mecham: Okay. She was the presenter.

Women's Studies: She was one of. Let's see. She was the one that you one to be contacted. If you wanted to get involved. I don't want to be involved but I just need to understand how that impacts people we serve because I don't understand because Becky's not behavioral health. I don't know if our people are SMI because they were talking about it has nothing to do with people who are SMI.

Linda Mecham: No SMI, that's not. And if Becky's not in behavioral health, then she's not SMI.

Women's Studies: No, no. But I know of our people are SMI

Linda Mecham: Okay, some of them are. Carol. You have a comment.

Carol McNulty: Um yeah, I'm talking Many years ago. We had it was called a children's crippled hospital. I mean, I'm really going back. And um, I visited there as member of DDD. And there were several children. That were like, children that are born with half for brain or children that have, I don't even remember the term, like, water on the brain. And I mean, do, I'm talking, very severely involved children Now, this court ordered, I'm wondering if they're talking about, Children that are born extremely disabled and maybe the parents not taking them home. Or I mean there's there are circumstances, Lisa. I mean, I'm Eva that we still have children that are born with very severe developmental disabilities. It's just a thought.

Linda Mecham: Okay, even we'll get together and figure out that. All right. Sometimes this week we can discuss it and get that submitted. So, they'll have time to answer before our next meeting. Could you all right?

Women's Studies: Okay.

**Submitted Motions**

Linda Mecham: Okay, Our next item of business is the submitted motions and I made that rather vague on the agenda because I didn't know if we would have the answers back. Before our meeting, but we did and we've gone over the one that Carolyn was interested in with regard to the deaths. Carolyn, do you have anything to add on the deaths? Or the response? Are you satisfied with how we're going to move forward on that?

Curiosity Carolyn: Um, I think so. Yeah, I really want to think through my list of questions and Eva, I'm gonna send you an email. So, we can coordinate.

Linda Mecham: Perfect. Okay, and then the next, the the second. Motion was regarding the billing process



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and Carol and Debbie both have... and Leah. Um, I would like you've probably been aware of all of this...

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**Linda Mecham:** because you've been with this for a long time and we appreciate that but Carol, I don't The answer the response from DDD. Did not answer what our question was. Our question. Has to do with the systemic issues. Not how they figure it out, as far as whether they're getting SSI, or the railroad tax or whatever, you know, all of those things. Did everybody read the response? Let me ask you that. Were you able to read the response?

**James Maio:** Um Linda really quick before I just so you know I found the definition for so in how in Senate Bill 1114 is the definitions for... what Eva was looking for. It was grave disability and the other was PAD.

**James Maio:** Yes. So those are in Senate, Bill 1114. And that is related to what you're talking about, which is why they were making those changes. And the definitions are the Persistent and or Acute Disability, Both of those definitions are in the health and Senate Bill 1114.

**Linda Mecham:** Was that for 2022.

**James Maio:** Let me look at the date... Yes, 2022.

**Linda Mecham:** Senate Bill 1 1.1.4. Okay.

**James Maio:** One, one, one four. Yeah. And so grave disability means a condition evidenced by behavior in which a person as a result of a mental disorder is likely to come to serious, physical harm or serious illness because the person is unable to provide for the person's own basic physical needs. and then, for Persistent or Acute. Disability means a severe mental disorder that meets all of the following criteria and then there's a lot of criteria here.

**Linda Mecham:** Okay, thank you. James. all...But mainly it's a significantly impairs judgment reason, behavior or capacity to recognize reality.

**Linda Mecham:** I think I qualified for that.

**James Maio:** So, I just wanted to let you know, I just looked it up to see if I could find the definitions on AHCCCS as website and it referred to that Senate bill.

**Linda Mecham:** Okay. Thank you. Thank you, thank you. All right, I'm gonna just read our motion and then there is DDDs response. "For a number of years. DDD District Central Independent Oversight Committee has been aware of a consistent issue related to residential billing errors. A bill may represent an amount and then the following month the amount would be completely different and there are times, the amount is a credit and nothing is due. We have heard stories from families who have not paid anything per the instructions on the bill and then presented with the balance due of several thousand dollars when the



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previous month, indicated, a credit which may create a real hardship for the family or the member who has served by the division. We are asking what the plans are and when they will be implemented for review of the DDD residential process, as well as correction of the systemic error in billing calculations as well as more transparency reflected in the members residential bill in order to achieve a correct monthly statement for the members and confidence in the residential billing system”.

The answer. The division is currently updating DDD Operations Policy 4002 client billing. We expect to submit to public comment in February 2023. This policy indicates the financial responsibility for the cost of care portion based on DDD Eligibility ALTCs and Non-ALTCs members. The division utilizes the federal poverty guidelines to calculate the income or benefits. The member receives, including Social Security veterans, and railroad retirement benefits. Additionally, every year, new rates for benefits are updated which typically takes two to three months to reflect in the monthly statements. For instance, Social security benefits and Supplemental Security income payments. Increased by 8.7% in January 2023. Therefore, by March,...

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**Linda Mecham:** All monthly statements will reflect this change. In addition, it is essential members/responsible persons provide, recent tax information annually, the responsible person, or representative payee, may request a financial review of the member's cost of care. Portion payment amount by requesting in writing any time. The responsible person or representative payee shall submit the request via email to DDD revenue desk at AZDES.GOV and include recent tax forms”.

To me, that doesn't answer the question at all. The questions that we are asking were what the plans are and when they will be implemented for review of the DDD residential billing process. As well as correction. So, that's number one. Number two is the correction of the systemic error in billing calculations. And number three, transparency, reflected in the Member's residential bill in order to receive a corrected monthly statement and confidence in the residential building system. So, Carol, do you want to tell your story?

**Carol McNulty:** Yes, to begin with. I don't understand why we have to send our money to Saint Louis. I don't know why this can't be done in the state of Arizona. Now, for several years, I'm talking, I don't know. Maybe. Eight years. The billing has been wrong. I've talked to Revenue Desk several years ago, and they just told me, if, if she's in the home for 30 days, to send this amount of money, if she's in the home, 31 days. I will send it another amount of money, and I did that for years. but, Over the years. and then I had a person-centered plan. That were the support coordinator. Had me send another amount of money on the spending plan. It was like, \$1,268 something. And so I was using that figure for a long time. And as I used that amount of money I started getting that do not pay this, do not pay this amount. And I continue to send that amount of money because of the amount of money, my daughter receives for Social Security. It it's actually a burden to spend down that money each month because of the amount that she receives and the amount of money that I'm sending the division per month. And so now I have close to do not pay. You know, close to \$11,000 and Me as a credit and it worries me that. What if the division all of a sudden? You know, denied services because she has all this credit and the credit, what they're saying is a credit, they're wrong, they're wrong. I'm not paying 70% of her SSI money, for her cost of care. It's just it has been years that this has been wrong. I've talked to people at the revenue desk more than once and I just nothing gets corrected,



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it isn't right? And if it's not right for me, it's wrong for other people, too. I know that as a fact now, my friend Linda, her son passed away one year ago, one year ago in February and she's still getting billed and you know that's very hurtful to receive this bill every month for a deceased person. It's just And I, you know, through the years, I mean, Karen Van Epps, had the same, the same problem, it just I don't know who's being billed properly but certainly not. You know, certainly. And I don't talk to a lot of people about this. I'm sure that there are many people out there and...

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**Carol McNulty:** in fact, I know as one person, she didn't she wasn't paying for eight years and, you know it when the division finally caught the problem, For eight years, she did not pay. They, had her pay twenty, five dollars a month. I mean it's just it makes no sense to you know, on top of what they assessed that she should be paying and then she's supposed to pay extra \$25 a month, make up for the \$8,000 that she didn't pay. I mean it just, I think the division should Do the billing internally in the state of Arizona.

**Linda Mecham:** Thank you. Carol. Debbie Are you on?

**Linda Mecham:** Debbie you're on mute. Debbie's story is that she was Quite the opposite of Carol's. But she was told Do not pay this, do not pay this so she didn't. For several months, she didn't pay because that's what her billing said Do not pay. And then she got a bill for several thousand dollars that she had to pay. Because they had gotten it wrong for those few months. This is what we're asking for is for, for the division to correct, the billing system, it's systemic and that was in our motion, the systemic problems. so, I would like someone from DDD to respond to this.

**Linda Mecham:** Eva.

**Women's Studies:** Well, the other thing of it is maybe when they respond maybe they could tell us. Did they send out the DDD operational policy? 4002 client billing. That was supposed to go submit for public comment in February of 2023. So, I don't know if it was one of those early notifications that we got or what, because I'm sorry, I didn't look at the last five of them.

**Linda Mecham:** It just ended, excuse me. But the policy indicates the financial responsibility for the cost of care based on DDD eligibility. We already know that, we know that there's going to be a responsible responsibility for the member or his rep payee or guardian to pay a monthly amount. What we're asking is for DDD to get the monthly amount. Correct. So the families do not continue to have this. I mean if I was if I was and I know who Carol's talking about, if I was getting a bill for Mark still, I would be crushed. That's difficult. I mean, you know, I get phone calls for him. It's like he passed away a year and a half ago, can you please update your robo call here you know and that's what I feel like these these payments are they just go out as a robo billing system and that's not fair to the families or the repayee and especially not to the member who is at risk for losing services. Should this eventually catch up to Them one way or the other.

+1 602-\*\*\*-\*\*22: Did you guys hear me now?



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Linda Mecham: Yes.

+1 602-\*\*\*-\*\*22: Hello.

Linda Mecham: Yes, we can hear you, Debbie. Go ahead.

+1 602-\*\*\*-\*\*22: For some reason, my phone would not unmute anyway. Yeah but you told my story. Well they keep telling me. I didn't owe anything and then all of a sudden I owed thousands. So it was crazy.

Linda Mecham: and thankfully, you have the financial resources to pay that

+1 602-\*\*\*-\*\*22: Yes, because I had already gone out and bought her, a whole bunch of new bedding, and, you know, a new mattress topper and everything to make her all comfy and wonderful. And then they, Hit me with a bill. So then we had to pay out of our money.

**01:20:00**

Linda Mecham: So, can someone from DDD respond to this?

Curiosity Carolyn: This is Carolyn could I have something to um you know as a former government employee it seems clear that this billing has been outsourced to an outside agency and so there should be some way of measuring the quality of that outside, agency's work and obviously and addressing it. And obviously, if members of the IOC can't get help with incorrect billing, then there's no hope for anyone outside of IOC. So, I do think that we need to be asking DDD. What is, how are they tracking complaints and problems? And if they are tracking, they need to be tracking and then they need to be using that day to say, you know what, the vendor has not met the terms of their contract. And so, we need to find a different vendor who can actually do a decent job.

Linda Mecham: Thank you, Carolyn.

Curiosity Carolyn: Oh, and I want to add that. It seems to me like this you know, the answer was all about the policy. It seems to me that this is not so much a policy issue as possibly a software issue.

Linda Mecham: Right. Exactly, that's why we said systemic in there, you know? It's in the system. We know what the policy is. We're aware of that.

Curiosity Carolyn: Yes.

Linda Mecham: We just need to know. Systemically what's going to happen. So the families or repayee, or individuals can get the correct billing each month. Okay.

+1 602-\*\*\*-\*\*22: Am I still? Am I still unmuted?





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Linda Mecham: You're still unmuted. We can hear you.

+1 602-\*\*\*-\*\*22: What I finally ended up doing, is this calling and saying, What is her daily rate? I completely ignore whatever the billing tells me, and I just like Carol was saying, If it's, you know, 28 days of his 30 days, if it's 31 days, I just multiply times her daily rate and I just pay that accordingly because I, I can't even look at the bill anymore. It makes no sense to me. It's, it's really odd.

Linda Mecham: So, does she have a credit?

+1 602-\*\*\*-\*\*22: I don't even. Look at that. I just pay every month. What I need to pay. Is sometimes they tell me I owe.

Linda Mecham: Wow. Okay.

Linda Mecham: Yes, it's exactly what Carol's doing. Carol. You have your hand raised.

Carol McNulty: Um, yes and I agree with what Debbie said. I, you know, I I was paying what they said to pay and then you know I I got this other amount of money that the support coordinator said to pay and then that's the whole thing is, you know, you can't figure it out. It's just, I don't know. You know, maybe I should call them again and say What is her daily rate. Um, and it, it still worrisome about It's, it's hard to. Spend down that money all the time. I mean, my daughter receives quite a lot of money. From, you know, from her father SSD. Now and it's a burden, you know, it becomes a burden. It's a, it's a strange burden to have but it is. And the best way, I mean, she's going on a cruise, you know, next month I mean that It's kind of nice that, you know she gets to do so much but I have another, I have two ways I do. I also keep a book of, you know, how I'm spending her money and she has her own credit card anyway. So, I'm able to manage it but can you imagine? I mean, she has her own checking account, so the money goes into her checking account and then I have my way of accounting for how I'm spending all that money. But it's just difficult and it makes no sense, and I don't know why we're using some vendor in St. Louis. And That's all I have to say.

+1 602-\*\*\*-\*\*22: What I thought that as well. I call periodically. and ask for an updated daily rate, if they've increased her daily rate to make sure that I'm paying properly,

Linda Mecham: Well, you, both of you might want to call because it, you know, the amount went up and so, you know, the rates going to go up. Again, I'm asking DDD if anyone can respond to this,

**01:25:00**

Linda Mecham: No one can.

Leah Gibbs: Linda you have the response that they provided to you and I don't have anything I can add

Linda Mecham: Okay.



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**Carol McNulty:** We've had the revenue desk come to our meetings. We've had, I think, I think twice remember. I mean, before covid, we had a, we've had them come to our meetings and they, you know, it hasn't helped.

**Linda Mecham:** Um, how do we want to move forward on this?

**Lisa Ehlenberger:** Do we want to request that the revenue or whoever is in? Who would be maybe DDD can respond to this who would be in charge of the vendor for the revenue, like, Who is the quality control for the vendor? If they utilize a vendor, which we are assuming it right now? Can we contact have the revenue department? Would that be the correct department Jeffrey or James Maio? To be invited to maybe one of our next meeting.

**Jeffrey Yamamoto:** I do not have any answer, I don't know. Who would it be?

**Lisa Ehlenberger:** So, is there a possibility for somebody from DDD to maybe find out who and or what person or department? Could have this information because this would actually be helpful for the department. I would suspect as well because likely the department is losing money.

**Linda Mecham:** Let's that's a good idea, maybe come. Maybe more succinctly I will more succinctly, write the three questions that were asking, and submit that to Larry who can submit it to DDD for us and ask them to, to have someone come to our meeting next month. Who can specifically answer these issues regarding the system? Not the policy. and then additionally, we could also maybe Contact someone in the legislature. Because they're the ones that are giving DDD the funds to do this to outsource it. Or DDD comes under ADOA, maybe someone in ADOA would be interested to know. That this is an issue an ongoing issue for years that has not been resolved. I mean, we just need to as well ,and maybe even Social Security, AHCCCS, you know, I'm just throwing out ideas here. Carol.

**Carol McNulty:** um yes I agree this is an issue that's beyond the revenue desk I think and so I would like to remain on the committee for another month because I would like to know the answer to this and it's just been an ongoing issue for me and you...

**Linda Mecham:** and a lot of people.

**Carol McNulty:** Yeah, and they must be losing millions of dollars, I'm sure millions of dollars, So I'm not retiring yet.

**Linda Mecham:** Okay, let's have a motion for all of this so we can move on.

**Curiosity Carolyn:** Oh Linda. One other thought is, I don't know. I'm just throwing this out. The Arizona Attorney General.

**Linda Mecham:** How would that be? How about if we do a subcommittee where we can get together in this next week and come up with a letter because this is, everybody's got some really great ideas, have a



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subcommittee get together and then that subcommittee can present the questions. Carol.

Carol McNulty: What about the director of DES/ DDD? You know, maybe that's where we should start.

Linda Mecham: Yeah, I hear she's really good. She listens well. Angie Rogers. Is that her name? I heard she's good. so, anyway, um

Carol McNulty: Yeah. Why don't we start there? Why don't we start with the? I don't know how to do it. You know, a letter or I don't know.

**01:30:00**

Linda Mecham: well, our next our next um, Option, after we've gotten our motion back is to have a phone call with Zane. And discuss this with him. And then if that is not satisfactory, then we go to the DES/ DDD director. So, Carol, and Debbie, maybe because you two are directly involved on our committee. Maybe You two could be in, on the call, with me to Zane,

Linda Mecham: Larry, we're doing it right, correct?

Lawrence Allen: Correct.

Carol McNulty: Okay.

**Vote on Motion**

Linda Mecham: All right, we have a motion to move forward on that one.

Carol McNulty: I make a motion that we move forward and talking to Zane about the Issues with the Revenue Desk Billing.

Linda Mecham: Okay.

+1 602-\*\*\*-\*\*22( Debbie Stapley): And I second it.

Linda Mecham: we have to have an oral vote. So, Debbie

+1 602-\*\*\*-\*\*22( Debbie Stapley): Yay.

Linda Mecham: Carolyn. Eva.

Curiosity Carolyn: Yes.

Linda Mecham: Eva.

Women's Studies: Yes then, did it get second. Okay. So, I say a yay. Yes.



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Linda Mecham: Did I say Carol?

Carol McNulty: Yes.

Linda Mecham: Mandy.

+1 480-\*\*\*-\*\*15 (Mandy Harman): Yes.

Linda Mecham: Lisa.

Lisa Ehlenberger: Yes. Or Aye.

Linda Mecham: Um, did I get everybody? Did anyone on the committee? Not respond. That sounds like it passed in the majority. So therefore, we will set up a time to meet with or to have a phone conversation with Zane. Thanks everyone.

Carol McNulty: Okay.

Linda Mecham: All right.

**EVV and the schedules and the calendars**

Linda Mecham: Regarding the EVV and the schedules and the calendars. So, Leah, this kind of goes to you, I think Because you've talked to us about EVV before and I've been hearing from parents one issue that they're, that is pretty consistent for quite a, for a couple of months. Anyway, the requirement of calendaring. They have to go in and make their appointments on the calendar, right?

Leah Gibbs: They're supposed to do a scheduled calendar with their hiring agency, that is correct. But there is flexibility in that when the Family is the parents' pain provider and they're in the same home.

Linda Mecham: Okay, but if it's not And the if it's not the parent in the home, that's providing it. This is who I'm talking about. It's a provider. Who. Had the schedule set up the calendar? And then the parent called and changed the calendar. But it didn't get changed. The agency did not change. The item. And so apparently everybody got dinged.

Leah Gibbs: So, Linda we're not dinging people. First of all, okay agencies though. That's okay. It's just that the agencies that are implementing the EVV system. As of dates of service. After January the 1st, it went live for what they call a hard edit, which means that in order for the division to pay the claim, it needs to be cleared through that EVV process, that it was appropriately provided there are hiccups that are occurring as agencies are working with their direct care workers about using the system. There are agencies that have implemented corrected action within their own agency to their employees and that is not something DDD is sanctioning or overseeing. It is something that they as a vendor agency, have the right to have rules for their own employees. And the system itself. AHCCCS is aware that there have been hiccups from agencies in the process of the system. They are not sanctioning agencies. They are not preventing agencies from doing corrections so that they can get paid. Those things are all occurring. However, there are direct care workers



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who feel that they're being I don't want to, I don't know what the right word is singled out or disciplined by their employer, those are things that that as an employer, they have the right to do. But then they have the risk of how they work with their employees and employees choosing other agencies.

**01:35:00**

**Leah Gibbs:** But there's not a requirement from AHCCCS or DDD that you must discipline your employee. If they're not complying with the rule, the agency though needs to get their employees to do what they need them to do. So given all of that go ahead.

**Linda Mecham:** Okay. So, it's I'm just bringing it up as a point of awareness, that even though the phone calls were put in by the family and the providers, the agencies aren't making that calendar change, or somebody. Yes. The agency is not making that change to where If it was a corrected entry. Yeah, I know, you know what I'm talking about, right?

**Leah Gibbs:** I do, but now the issue becomes did the employee get paid for the hours that they worked. Did the agency get paid?

**Linda Mecham:** It's only eventually.

**Leah Gibbs:** Yeah. And then those are the hiccup things that have to get worked out. Linda, There is no doubt about that.

**Linda Mecham:** Right. Right.

**Leah Gibbs:** And, and I think that everybody has experiencing growing pains in implementing, this new system. Yeah.

**Linda Mecham:** yeah, I'm not it's not I'm not trying to... let me just say this, every word I speak, I think this is going to look so bad on the transcript.

**Leah Gibbs:** The hard part is you are trying to do the right thing and being bring forward to DDD what you're hearing in the community. And I want you to know that AHCCCS and DDD have done some listening sessions and we've heard straight from the community and the families and the direct care workers that, that vendors have created. These very stern strict rules. Around it, holding people accountable, but then, when mistakes happen, it creates them. A delay in somebody getting paid in those kinds of things. Right? And it's a federal requirement. It's not something that Arizona is choosing to do. It's across the nation.

**Linda Mecham:** It's not a penalty, just the DDDs putting on, I know.

**Leah Gibbs:** It's not a penalty DDD or AHCCCS is putting them.

**Linda Mecham:** I'm just grateful. I don't have to keep doing it. I didn't like doing it anyway.



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Leah Gibbs: Well yeah.

**Recorded Transcript**

Linda Mecham: All right. Okay moving on. Thank you, Leah. I appreciate that. The next item is recorded. Transcripts, did you guys read our minutes from last month? Anybody.

Linda Mecham: I did, and I Jeffrey and Michelle, I thought that you guys said. that you were going to review the transcript for Corrections. Is, it or do you just put it out there the way it comes out from Google?

Jeffrey Yamamoto: What set is usually just left in. If it is And unintelligible. Then we will interpret it and put it into the correct word. The word AHCCCS. Does not come in the system as AHCCCS it comes in as access. So, those are the corrections that we are making.

Linda Mecham: You both are aware of my situation. I'm not going to bring it up.

Jeffrey Yamamoto: We are.

Linda Mecham: Meaning When I was reading that I am wondering if when you guys go through it because sometimes, we're talking over each other, which is I'm trying to not let that happen. Just by the way, I'm conducting the meeting. but I'm wondering if you guys, when you're reading through that, if you can take all of what quote Unquote, Linda says, Or all of what Carolyn says, and put it in one complete paragraph that way rather than having Linda. And then and this happened, it was Linda and then Linda, and then somebody else and then Linda, I'm just wondering if you guys can't combine all of that, to put it into one complete paragraph. So that it is smoother and more understandable.

Jeffrey Yamamoto: We can, it does change how it's being presented because those breaks typically are breaks within...

**01:40:00**

Jeffrey Yamamoto: how somebody speaking. So, if you pause, it creates a new sentence or a new break.

Linda Mecham: Okay. Specifically. What I'm talking about. It was Linda. And then I must have paused in my speaking then because then it was Linda again. Continuing with that same thought, can you just put that into the same paragraph?

Jeffrey Yamamoto: Yes, the other part that we are editing out is and you have taken care of that beautifully At this meeting is that you have a lot of times people have their speakers or their microphones. On. And I will interrupt when somebody's talking, somebody sneezes somebody has noise in the background and that actually is put into the transcript so that's taken out. As a break. Does that make sense? So, it's Linda's. Talking somebody sneezes and picks up the sneeze. Well, we're taking up the sneeze. But we're leaving it in the same. In the same order, we were just taking out that the ancillary noises or somebody speaks Just



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the word. “Uh-huh”. And her agreeing with what you're saying. That's also picked up.

**Linda Mecham:** Okay. I'm just I As I read through the I would really appreciate it if the IOC members would go and read that transcript so that you'll know what I'm talking about. I think because it is a public record, and it will change the way you speak in this meeting. I promise you. It's changed the way I'm speaking. so, I think that if you guys would go in and look at that, it might give you moment to pause because it is a public record and you want your thoughts to be correct on there. That's what happened to me. There was something in there that I did not. Say nor would I say and they corrected that for me and I appreciate that. Thank you very much but Go in and check because it is your voice and it is your record. so, you might want to just review the transcripts, Eva you have a comment.

**Women's Studies:** You I get I you know we get all those early notifications and all that other stuff and Jeffrey send stuff out. You know. It would be really nice if maybe he would every time send us the link to get to the minutes because it is. I'm sorry. I mean my husband's gotten so aggravated at me that I have all these bookmarks trying to remember where to find something and the minutes. I mean, by the time, I finish reading closed, I are and making comments and all this other stuff to find the minutes. It's, you know, and where he sent it. Yeah, you know, to find it in all my stuff. If I didn't delete it, I'm sorry I can't keep up with it, you know? If it isn't when he says out all the little things, if he doesn't send out the link to the minutes, it's It doesn't get done.

**Jeffrey Yamamoto:** With your Friday reminders, I will post the link for the IOC website. If that helps.

**Curiosity Carolyn:** That would be great.

**Jeffrey Yamamoto:** But understand that IOC website doesn't change and it will always contain your minutes. As long as you make it your home.

**Linda Mecham:** I'll send you guys the link. Okay to the to where our minutes are and Jeffrey. I actually went to the IOC website to get the minutes. Was it not included on? I know you had a final draft but I didn't see it on the I looked through and maybe I deleted it but I did not. Get from you the agenda this time.

**Jeffrey Yamamoto:** The agenda was the last one on that list because you had made a change. And so I added that change. So, it went to the bottom of that of your links.

**Linda Mecham:** Oh, to that big, long chain. Okay, thank you. I didn't see it so but thank you very much. I and let me just tell you. I know you guys have a hard job, take keeping track of us and I really appreciate it because We're trying to do better. But and I think Jeffrey, you will say that we've from where we were five years ago, to where we are now, it's 100 million percent better, right? You better say? Yes.

**01:45:00**

**Jeffrey Yamamoto:** Yes.



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**Updates from DDD, ADOA, UHC, MercyCare and PRC.**

Linda Mecham: So anyway, we're trying, we're trying to make it easy, but we really appreciate all that everyone in DDD does for a special you two. Thank you and Larry you as well. All right, we now have the updates from DDD, ADOA, UHC, MercyCare and PRC. So DDD any updates

Joan McQuade: This is Joan. and, Currently as, you know, we're completely up to date as far as sending out redacted incidents. And we have no backlog, and everything is moving along smoothly.

Linda Mecham: That's great.

Jeffrey Yamamoto: I would like to go ahead and piggyback on what Joan just said and really this is more for those who are reviewing so Eva especially for you. I know that the shared drive is pretty crowded right now. Eva, would you like to have it cleared out and just put into archived? For anything prior to 2023.

Women's Studies: Well, I actually I sent out a list of the ones that I read. And I don't know what happened to it. I sent it to Linda, and I sent it to you about all those ones that I and the dates that I read, all the way to the end of December, and they still have not been deleted. so, you know, there I'm sorry there are several ones that I don't read. you, you know, I mean, so most of them on the list that I sent you are the ones that I read and it the other ones, I don't read.

Linda Mecham: I should have responded to that. I thought Jeffrey. You might just do it, but I should have given Jeffrey the go ahead, correct. Jeffrey to delete those.

Jeffrey Yamamoto: So right now, in this meeting you can just tell me and I will go ahead and do that.

Linda Mecham: Please do so.

Jeffrey Yamamoto: So, I will,...

Jeffrey Yamamoto: I will. It won't be deleted. Eva, it'll just be in the archive folder. but I will archive everything from 2022 and the only ones I will leave will be January and February

Women's Studies: Okay, thank you. That'll be nice.

Linda Mecham: Thank you Jeffrey.

Jeffrey Yamamoto: Thank.

Linda Mecham: Appreciate that. Leah, do you have anything for updates?

Leah Gibbs: Don't I always Linda?

Linda Mecham: We love it. Yes, it's great.





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Leah Gibbs: Oh yeah.

Leah Gibbs: So, I think that you're all aware that. The president has announced the intent to discontinue the public health, emergency on, May the 11th of 2023 and we are working to get all of that, correspondence out to let folks know on our actions related to Covid-19 Web page. We have the actual dates that every flexibility is going to be ending. There are a couple of flexibilities that we are waiting for some decisions about whether or not we can continue them because they're not part of the regular way that we've done business in the past, for example, Habilitation music therapy. At this point, is, is allowed to occur in a virtual environment. However, come the end of the public health emergency, it is scheduled to end. We're waiting to find out whether or not, we can have authority to continue that, we are also using some coaching of our employment services as a virtual service right now that we do not have a final decision back from AHCCCS or CMS as to whether or not, we're going to need to discontinue that virtual format. So as we get those answers, those last couple questions will be responded to There are still going to be some flexibilities that are ending the first of April and that includes what we've discussed in the past about the implementation of in-person planning meetings For the support coordinator, and the member and family, and that other members of that planning team would have the option to do virtual, but we need eyes on in person with our support coordinator. As of April, the 1st families can absolutely ask if they would like to support coordinator to use protective gear. Wear a mask, booties, we have those things available for our staff at the family's preference. And the Staff's preference, Obviously, the remote learning flexibility has concluded because students have returned to school, and it's no longer even needed option. So that one ends April 1st, The assessing risk for members that high need of serious illness document is going to be retired, the first of April and the reserving of a members

**01:50:00**

Leah Gibbs: A room in a group home or developmental home, because that member chose to move in with family due to covid concerns will no longer be in place as of the first of April. At this point in time, we are continuing. The other flexibility is, the parents is paid Providers continues to be funded until the end of the quarter of the ending of the public health emergency. So what that means is that May 11th Assuming that, that turns out to be the date of the end of the public health emergency, we DDD continue to fund. Parents is paid providers who are current process till June 30th because that's the end of the quarter in May. And then effective July 1st is when the ARPA, the American Rescue Plan Act funds will take over the payment. As parents is paid providers for their minor children and that is in effect through the September of 2024 date. And once the ARPA funds go into effect, that's when the requirements that are outlined by AHCCCS go into effect that no parent or parents can be paid more than 40 hours of combined service for their member and then any service hours assessed beyond those 40 hours would need to be provided by an alternative provider. So we want to make sure that people are aware that if their family members assessed for over 40 hours and the parents have been providing that service. We need to start working on finding an alternative provider for those hours over the 40. In a week so that those service hours will be covered. Um, we continue to track the number of members testing positive for covid-19. Before I go on, Eva you have your hand up, please go ahead.



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**Women's Studies:** Just for clarification because I read your little thing. Someplace else is even though they have more, if a person gets more than 40 hours, that means they have to get a different provider in a different agency that the parents can't do more than 40 hours combined.

**Leah Gibbs:** The other agency that the parents work for may have another provider. They don't know in a different agency but the family at once, the ARPA funding takes over, and if the parents or the paid providers, they will have a 40-hour limit. Period. Okay. So, just to give you a general idea on in the past month, or so we've averaged somewhere between 10 and about 15 members per week. Testing positive for COVID-19, however, we've not had any additional deaths. Associated for a while. The other projects that the division is working on related to the American Rescue Plan, Act funding. We continue to move forward with our positive behavior support project. We have begun the process of identifying what kind, what content we want in the curriculum that we select for the purposes of providing the training? We have representation from qualified vendor agencies, as well as our IOCs, the DDAC, Raising Special Kids, Um and AHCCCS is on that committee as well. We are moving along, at this point. We have not scheduled our first curriculum review meeting, but it's coming up. The work that's being done on identifying a curriculum to do training for behavioral health providers on best practices and working with people with IDD, that committee is also moving forward and they are doing their identification of content for that curriculum that they want to have roll out. Any questions about any other subjects that I can help with Linda?

**Linda Mecham:** Who's on the positive behavior support from IOC?

**01:55:00**

**Leah Gibbs:** From IOC, we have Well, Linda Mecham is invited to those. Have you not seen an invitation my friend? You were on it,...

**Linda Mecham:** No.

**Leah Gibbs:** so, I'll check with them. Philip,

**Linda Mecham:** Oh, as a Philip Trammel.

**Linda Mecham:** Philip Trammell.

**Leah Gibbs:** Yes, it's Phillip Trammel. Yes.

**Linda Mecham:** Okay, I got after, I got the meeting. I did not get for the first. I got one that it was canceled. And then I got that anyway. It was confusing. I thought, Oh, I missed that but I didn't.

**Leah Gibbs:** We're not. It's okay Linda. There's plenty of stuff. We haven't done anything vital yet. Well, without you Bernie Henderson is on it from District West Don Harrington and Kim Foy on it. From District North.



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Linda Mecham: Okay, thank you. I just wondered...

Leah Gibbs: You're welcome. That's Phil Trammell. Okay, you betcha and we have representation from Arizona Mentor, Orion Care Solutions, Affinity family care and, Oh, who's my other one? It's Aries. Are the four qualified vendor agencies that are represented on it.

Linda Mecham: Thanks.

Leah Gibbs: Any other questions I can help anybody with?

Linda Mecham: Thank you. Anybody else from ADOA Jeffrey? I mean, from DDD.

Jeffrey Yamamoto: Patricia, did you have anything?

Patricia Sandino: and, I don't have any updates today. Thank you. I do want to let the committee know that PRC at District Central is scheduled out to April. So, ladies, I will be sending my calendar

Linda Mecham: Thanks Patricia.

Jeffrey Yamamoto: Any other person would be James...

Linda Mecham: Is that it?

Jeffrey Yamamoto: but I think you are holding him for executive.

Linda Mecham: Holding him hostage, right?

James Maio: Mmm. So, I did this have some regular updates for QA. So, we change our name back from quality improvement to quality assurance. So, as you see the and you know, brought that up under my title. So, they decided that since they never went about changing in our policy that they wanted to go back. So now we're back to being QA so hopefully it'll be less confusing and then District Central currently has one vacant nurse investigator position and one vacant incident specialist position that we are attempting to hire for. And then we are going to have, we just hired one incident specialist for another vacancy that we had. And we have another vacancy that's gonna open up on the 17th that we are also looking to hire for. So, we're a little short-handed but we are attempting to find visit, you know, find a fill those positions.

Linda Mecham: Thank you, James, how are they doing for support coordination? The last I heard they're all positions were filled.

James Maio: I have not heard an update.

Linda Mecham: Okay, thank you. Jeffrey anyone else?

Jeffrey Yamamoto: I believe that takes care of DDD. So, the other two would be ADOA and Healthcare.



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Linda Mecham: Okay. Larry. Do you have any updates for us?

Lawrence Allen: Good morning, Linda, just the quick update this morning. When you started the meeting the disclosure of interest statement, Thank you for doing that. That was perfect, in the course of a couple meetings. I had last week. It was discovered that we are not publicly disclosing that during the meeting. So going forward, we're gonna be asking that question at every meeting at the start of each IOC meeting. The reason being is that IOC members are public officers. Which I was not aware of. So, and that you do fall under the statute 38-503 conflicts of interest. So that is the reason why we're doing that to be more transparent with the general public and with the agencies themselves. So, That's the, that's the reason why we started that meeting that way. And going forward. And as we move forward, that's what we're going to start doing. Other than that, that is the another. Once I have more clarity and how we move forward and a little bit more educational material on that, I will be happy to share that with the group. So, they're so there's certainly not a lot of Gray area there. And so, I apologize about that and they're specifically there is there wasn't an issue with this particular IOC. Or within any DDD IOC. So, it was more of an issue of another IOC that had a conflict. and what happened and what spurred that conversation was that we did have a conflict, but it was disclosed via email to the chair and not publicly. So that's the reason,

02:00:00

Lawrence Allen: so, moving forward, everything needs to be other than the open so to speak.

Linda Mecham: So just in case you guys didn't pick up on it, this is what we have to read. What I have to read at the beginning or whoever's chair. "Do we have anyone that has to disclose a conflict of interest? If there is the committee member needs to disclose why?" so that's a statement that is read my question to Larry after receiving that this morning is and was continues to be, would I need to read that before each agenda item?

Lawrence Allen: And the answer to that is no. The committee member would the committee needs to review the agenda to know what the items that are going to be discussed. and they need to recuse themselves from that discussion and voting.

Linda Mecham: Okay. So, all of the members be sure to review the agenda prior to the meeting, so that when I ask that question, you can, you would be able to say, I have a conflict and this is what it is, okay?

Lawrence Allen: Lisa, did you have a question?

Lisa Ehlenberger: I guess my question would be and I think that maybe you clarify that with your statement, indicating that more material would be followed, but it sounds like there might already be a conflict of interest. Is there already a definition of what might constitute conflict of interest?

Lawrence Allen: Sure, I can I'd be happy to read that.

Lisa Ehlenberger: You email that, okay? Either that or if you just want to email it to us just so that I just want



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to make certain that I'm understanding.

**Lawrence Allen:** Of course, I will get that out to you. Let me read 38-503 to the committee here, this morning and (A) says, any public officer or employee of the public agency who has, or who has a relative, is a substantial interest in any contract, sell purchase, or service to such public agencies shall make known that interest in the official records of such public agency and shall refrain from voting upon otherwise participating in any manner as an officer or employee in such contracts sales or purchases And (B)state any public officer or employee who has a relative, a substantial interest, in any decision of a public agency shall make known such interest in the official records of such public agency and shall refrain from participating in any manner as an officer Or an employee as such decision. So, I know that's a lot of legal-ese. But bottom line is, if you haven't, if you haven't at conflict within the agenda items, you need to disclose that publicly at the start of the meeting and you need to let the committee know why that you have a conflict.

**Linda Mecham:** I have another question regarding that. So, would that affect the voting? I mean, granted they can't vote...

**Lawrence Allen:** Yes. Correct

**Linda Mecham:** but does that affect the majority if they recuse themselves. Would that just take one number out of the ratio? so if we had seven and let's say Lisa, recused herself, From a particular agenda item. Then we would only have we would have to get four, for a majority. Correct is because three plus one is four

**Lawrence Allen:** You don't. That's about. Yeah. Right? So, you would just, you would just be one less voter One, less committee member would not be able to vote. So not counting yourself and...

**Linda Mecham:** Okay.

**02:05:00**

**Lawrence Allen:** either treat yourself to as well because you can't vote at the chair. Correct. Yeah.

**Linda Mecham:** Correct. Would that take us out of? I mean, let's say we don't have quorum at that point, then what?

**Lawrence Allen:** Well. I don't know the answer that specifically I have I would have to look, but if you start your committee as a quorum, And I don't know. That's a good question. Linda, I don't know the answer to that. But I will, I will certainly look.

**Linda Mecham:** Okay, maybe you can ask whoever's making you can ask whoever's making us do this that. And that question.

**Lawrence Allen:** I will certainly be looking to it for the committee and let you know.



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Linda Mecham: All right, Carol, you have a comment. You're on mute.

Carol McNulty: Um, I'm sorry about that. You would think that there are also affect a person leaving the meeting before the it's adjourned. And, you know, it's a doesn't make sense.

Linda Mecham: You mean Quorum, whether we have quorum or not? Oh, I know but in fact I think we had that when Karen was chair, we had somebody leave and then we didn't have quorum. So, we, just I mean, we could discuss but we couldn't do anything official. So anyway, alrighty anything else Larry or any other comments regarding that statement from the committee?

Lawrence Allen: Mandy has a question.

Linda Mecham: Oh, sorry. Mandy.

Mandy Harman: I know you're fine. I just have a question in this way, we don't. But like, what did they consider? a conflict of interest. I get that.

Linda Mecham: Mandy. He's going to send out the definition.

Mandy Harman: Okay.

Linda Mecham: What it is so you can study it and determine if that would fit any of the areas that you're involved in.

Mandy Harman: I'm just like confused,

Linda Mecham: Tell me about.

Lawrence Allen: Sure, maybe I can give you a quick. Just a quick example. Say, Mandy, you had a training company, and you had. And you're on the committee and you were trying to influence the committee in the agency to use your committee for training that would be a conflict. So that's when you're trying to use it for a gain secondary gain issue, then that would be considered a conflict.

Lisa Ehlenberger: Or a possibility. Correct Lawrence The possibility.

Lawrence Allen: Or yes. Or possibly possible conflict. Yeah.

Lisa Ehlenberger: But actually, having the training company doesn't automatically put you into being a conflict having that as a conflict of interest, correct?

Linda Mecham: Correct. only...

Lawrence Allen: That's correct.



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Linda Mecham: if only if you stand to gain, As a result of pushing that. Yeah. That's correct. Right? Or a family member or whoever maybe, you know,

Linda Mecham: And that's exactly why Chris Garcia resigned because he felt like there was a conflict of interest going on with an upcoming project that they were going to be involved with. So, you know, I do miss his comments. He was good. Anything else from Larry?

Lawrence Allen: One other update for me, Linda open meeting law training. Hopefully will be scheduled here in the next month. And I think at that point we can have a lot of our questions answered by the Ombudsman's office, who's going to be doing the training.

Linda Mecham: And is that that'll be virtual.

Lawrence Allen: and It, it'll be virtual. Yes.

Linda Mecham: Okay. All right, anything else? You got?

Lawrence Allen: No, That's all the. That's all the updates I have.

Linda Mecham: Thank you, Larry. I appreciate that UnitedHealthcare.

Dawn McReynolds UHC OIFA: Hi Linda. This is Dawn.

Linda Mecham: Hi Dawn.

Dawn McReynolds UHC OIFA: Thank you. I have no updates today.

Linda Mecham: Okay, thanks, thanks for hanging in there with us, I appreciate it. Mercy care. Who is it? She's, is she here? Okay. All right and...

Jeffrey Yamamoto: Nobody from Mercy Care is on.

Linda Mecham: Patricia Oh, you already did Patricia. First of all, you guys, if you can sign up for PRC Patricia, makes it really fun. So, All right. Round table for our next agenda.

**Round Table for next Agenda**

**02:10:00**

Linda Mecham: Comments.

Linda Mecham: Carol, Eva. You want it on the agenda for next time? Remember.

Carol McNulty: Well, after we'll be talking to Zane before our next meeting, so we'll have update. Who



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needs to put back on the agenda?

Linda Mecham: Okay, so Update on residential billing. All right, Eva.

Linda Mecham: Updating update on the deaths. No update on no, no, that's Carolyn update on the 590.

Women's Studies: Oh yeah.

Women's Studies: Oh, that emergency court order. Yeah. and,...

Linda Mecham: Yeah.

Women's Studies: Yeah, and I yeah, the complex...

Linda Mecham: Definitions.

Women's Studies: Yeah, that those definitions and then, Yeah, I don't know. Oh, you are going to do something about the 590 or something. I have no.

Linda Mecham: You and I are you and I are going to get together. And come up with the questions that you had regarding that. You were reading from something.

Women's Studies: Of you.

Linda Mecham: And Mandy can you mute?

Linda Mecham: Thank you. Carolyn.

Curiosity Carolyn: Um, yeah, just planning on. We'll have our questions for you by the end of the week. And we could invite the right people for our next meeting. And you'll get the questions ahead of time. Yeah.

Linda Mecham: Okay. Perfect. Anything else from this meeting that we want to move forward?

Linda Mecham: All right. okay, if you guys have something that comes up, During the month to shoot me an email. I have a file , give me a second Eva, I have a file where I put it in there so that when it's time to submit it to Jeffrey I just cut and paste. So

Women's Studies: So, and you got gonna do the executive session, right?

**Discussion on memberships**

Linda Mecham: Well, we'll go into that. Yeah, that's next. Okay, we don't have any moving to number 12, we don't have any new membership. How did the Volunteer Workshop. Go Saturday.





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Linda Mecham: It's anybody know.

Michelle Rademacher: Hi Linda, this is Michelle.

Leah Gibbs: Go ahead, Michelle.

Michelle Rademacher: I did attend that volunteerism fair, and it was a wonderful event. They were many different agencies there seeking volunteers as well. The weather was beautiful. It was a lot that came to talk to us at our table. So, we will see what comes about as the follow-ups move along this week.

Linda Mecham: Yeah, thank you. All right.

Linda Mecham: We, if there's nothing else, I need a motion to go into executive.

**Motion to go to Executive Session**

Linda Mecham: Carolyn you're on mute. Still on mute.

Curiosity Carolyn: Okay, for some reason, it didn't want to unmute This is Carolyn. I make a motion that we go into the executive meeting.

Linda Mecham: who is our second. CAROL. Okay,...

Carol McNulty: I second that.

Linda Mecham: thank you, Carol. All right, I would Oh, I forgot to excuse everybody. That is not on the IOC or directly involved. Thank you everybody for coming.

Dawn McReynolds UHC OIFA: Thank you, Linda.

Linda Mecham: I appreciate it. Thank you.

Joan McQuade: Thank you.

Jeffrey Yamamoto: Linda. Go ahead and do that motion again.

Linda Mecham: Okay. Carolyn. Can you make that motion again? She just walked away.

Jeffrey Yamamoto: Actually, the motion was made, and it was second and you just need to do a vote and then I can stop the recording. And we continue for an executive.

Linda Mecham: All right, we need to have an oral vote. So, all in favor of going into the executive session, just respond by saying yes, when I call your name, Carolyn.

Curiosity Carolyn: Yes.



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Linda Mecham: Eva

Women's Studies: Yes.

Linda Mecham: Carol

Carol McNulty: Yes.

02:15:00

Linda Mecham: Mandy, Okay, she's nodding her head. Yes. Does that count Jeffrey? Okay

Jeffrey Yamamoto: Yes.

Linda Mecham: Debbie

+1 602-\*\*\*-\*\*22 (Debbie Stapley): Yes.

Linda Mecham: Let's see, Lisa.

*Lisa Ehlenberger replied yes.*

Linda Mecham: And I think I got everyone. And that's

Jeffrey Yamamoto: Yes, I will be stopping to recording now and then we can go to executive.

**Executive Meeting was held.**

**The Adjournment from Executive and Public Meeting**

Linda Mecham: Okay. I do have  
do I have a motion to that end?

Carol McNulty: I make a motion that we adjourn the meeting Executive and  
Regular meeting.

Lisa Ehlenberger: I'll second that this is Lisa.

Linda Mecham: Okay. Debbie We're voting.

Women's Studies: Yeah. Oh, thanks.

Linda Mecham: Debbie you're on mute.

Jeffrey Yamamoto: She was having difficulties earlier, so I don't know if you can unmute herself if you want  
to call somebody else

Linda Mecham: Yeah. Eva.



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Women's Studies: Yes.

Linda Mecham: Carolyn.

Curiosity Carolyn: Yes.

Linda Mecham: Lisa.

Lisa Ehlenberger: Yes.

Linda Mecham: Mandy.

Mandy Harman: Yes.

Linda Mecham: And you've already called me, right? Okay. The voting is in the affirmative it is 12:51 and the District Central IOC meeting is now adjourned. Thanks, everybody. Appreciate it.

+1 602-\*\*\*-\*\*22: yeah,

Linda Mecham: Have a good one

Lisa Ehlenberger: Have a good month bye.

Womens Studies: Bye everybody.

Meeting ended after 02:49:15 🙌

**Discussion and Review of Incident Reports and Behavioral Plans**

For Feb minutes IRs, the Committee members have been given February (618) incident reports in the Shared Drive. This included open and closed reports.

November

Type	Open	Closed
Accidental Injury	2	116
Consumer missing	0	3
Deaths	3	8
Emergency Measures	0	15
Human Rights	5	5
Legal	2	7



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Medication Errors	<b>1</b>	<b>35</b>
Neglect	<b>30</b>	<b>34</b>
Other Abuse	<b>12</b>	<b>16</b>
Other-Behavior	<b>0</b>	<b>191</b>
Other -Injury unknown	<b>2</b>	<b>114</b>
Physical Abuse	<b>4</b>	<b>11</b>
Property Damage	<b>0</b>	<b>0</b>
Suicide	<b>0</b>	<b>2</b>
<b>TOTALS</b>	<b>61</b>	<b>557</b>

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

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

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**Adjournment**

**Meeting adjourned at 12:51 PM**

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