



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

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

**Call to Order**

Meeting called to order by Committee Chairperson, **Linda Mecham**. The date is March 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**
- **Eva Hamant (listed as Women's Studies)**
- **Eduarda Yates**
- **Carol McNulty**
- **Carolyn Willmer (listed as Curiosity Carolyn)**

Attendance by Phone :

- **Debbie Stapley (attended by phone)-\*\*22**
- **Lisa Ehlenberger (attended by phone)-\*\*23**

Absent:

- **Sherry Wilhelmi**

Public in Attendance:

- **1 928-\*\*\*-\*\*13, joined late(after a Call to Public) and never announced themselves.**

Health Plans:

- **Dawn McReynolds (UnitedHealthcare)**
- **Vera Kramarchuk (Mercy Care) (attended by phone)-\*\*17**

ADOA and AHCCCS:

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

DDD:

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



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

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

- **James Maio** (DDD District Central Quality Improvement Manager)
- **Michelle Rademacher** (DDD IOC Liaison)
- **Jeffrey Yamamoto** (DDD IOC Liaison)
- **Joan McQuade**(DDD IOC Supervisor)
- **Dr Christina Underwood** (DDD Medical Director over Behavioral Health)

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*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 but has been recorded.*

## **DDD District Central IOC Meeting -Virtual meeting (2023-03-27 10:03 GMT-7) - Transcript**

### **Attendees**

+1 480-\*\*\*-\*\*17, +1 480-\*\*\*-\*\*23, +1 602-\*\*\*-\*\*22, +1 928-\*\*\*-\*\*13, Brent Seymour, Carol McNulty, Christina Underwood, Curiosity Carolyn, Dawn McReynolds UHC OIFA, eduarda yates, Fredreaka Graham, James Maio, Jeffrey Yamamoto, Joan McQuade, Lawrence Allen, Leah Gibbs, Linda Mecham, Mandy Harman, Michelle Rademacher, Patricia Sandino, Women's Studies

### **Transcript**

#### **Call to Order**

**Linda Mecham:** I hear by call to order this regular meeting of the DES/ DDD District Central Independent Oversight Committee. Today's date is March 27th, 2023 and the time is 10:03. Am. This is a regular meeting of the Independent Oversight Committee. It is being held electronically and this meeting is being recorded and this transcript of that recording will be posted on the ADOA/ IOC website. In an effort to avoid excessive background noises and potential microphone feedback, please mute your microphone when you are not speaking. The host of the meeting can mute you, but then you can unmute yourself when you would like to speak. So you can mute yourself by clicking on the microphone icon at the bottom left corner of your screen or elsewhere depending on your platform.

**Linda Mecham:** The statement of disclosure for a conflict of interest. Do we have anyone, after reviewing the agenda, that needs to disclose a conflict of interest?



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

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

**Welcome and Introductions**

**Linda Mecham:** Okay, well now have introductions of those present. And let's see. I'm Linda Mecham, I'm chair. We have. Carol.

**Carol McNulty:** Carol McNulty.

**Linda Mecham:** It's fine. Carolyn

**Curiosity Carolyn:** Carolyn Wilmer member and I've been sick for a few days. I sound funny. And I'm going to be muting myself because I'm coughing and I have the camera off because you do not want to see what I look like.

**Linda Mecham:** Um, Mandy.

**Mandy Harman:** Mandy Harman, member.

**Linda Mecham:** Eduarda.

**Eduarda Yates:** Eduarda Yates, and my son Mark, is at the Campbell ICF.

**Linda Mecham:** And Eva.

**Women's Studies:** Oh, Eva is now. "Women's studies" on the screen and Becky is rocking in the background.

**Linda Mecham:** You're fine. Debbie, are you online?

**+1 480-\*\*\*-\*\*23:** I'm not Debbie, but this is Lisa Ehlenberger. I'm calling in from the number 5923 today. Hi.

**Linda Mecham:** Oh, hi Lisa. Thank you, okay, Jeffrey. Would you mind introducing everyone else? And before you do that I just would like to welcome all of you and for taking your time and coming to spend your morning with us.

**Jeffrey Yamamoto:** All right, let's start with DDD, Leah.

*Leah Gibbs Introduced herself as the Administrator of the Office of Individual and Family Affairs(OIFA)*

**Jeffrey Yamamoto:** All right. Thank you, Dr. Underwood

**Christina Underwood:** I'm Dr. Christina Underwood and I am the medical director of Behavioral Health Administration with DDD.

**Jeffrey Yamamoto:** Thank you, Dr. Underwood, Joan.



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

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

**Joan McQuade:** Good morning, everyone. I'm Joan McQuade and I am a manager in the Office of Individual and Family Affairs.

**Jeffrey Yamamoto:** Thank you, Michelle.

**Michelle Rademacher:** Good morning. I'm Michelle Rademacher DDD Independent Oversight Committee liaison for District South, District North, and District West.

**Jeffrey Yamamoto:** Thank you, James.

**James Maio:** James Maio, the Quality Assurance Manager for District Central.

**Jeffrey Yamamoto:** Thank you, Patricia.

**Patricia Sandino:** Patricia Sandino. PRC chair at District Central. Thank you.

00:05:00

**Jeffrey Yamamoto:** Thank you. Did I miss anybody else from DDD?

**Brent Seymour:** Hello everyone. My name is Brent Seymour.

**Brent Seymour:** I'm the PRC administrator for District Central and I'm a Licensed Behavior Analyst (BCBA).

**Jeffrey Yamamoto:** Thank you Brent. Sorry about that. And I am not used to seeing your name up there.

**Brent Seymour:** no worries. Thanks for having me.

**Jeffrey Yamamoto:** all right, Larry

**Lawrence Allen:** Good morning, Larry Allen with ADOA and the IOC state liaison.

**Jeffrey Yamamoto:** Right. Thank you Vera.

**+1 480-\*\*\*-\*\*17:** Vera Kramarchukl. Mercy Care Ombudsman.

**Jeffrey Yamamoto:** Thank you, Vera. Fredeaka.

**Fredreaka Graham:** Good morning. This is Fredreaka. Graham. The IOC manager with AHCCCS

**Jeffrey Yamamoto:** All right, thank you and did I miss anybody else who's currently on the call?

**Jeffrey Yamamoto:** All right, we do have a number ending in 22.

**Linda Mecham:** Jeffrey. I think that's Debbie Stapley.



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

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

**Jeffrey Yamamoto:** Oh, that's Debbie's.

**+1 602-\*\*\*-\*\*22:** This. This is Debbie. I don't.

**Jeffrey Yamamoto:** All right, thank you, Debbie.

**Linda Mecham:** And Debbie I didn't introduce Debbie.

**Jeffrey Yamamoto:** All right.

**Linda Mecham:** Debbie, do you want to introduce yourself?

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

**Linda Mecham:** Thank you.

**Jeffrey Yamamoto:** All right, that looks like it's everybody and all the tiles on the screen.

**Call to the Public**

**Linda Mecham:** So our first Order here is called to the public. Nobody from the public, right? Jeffrey.

**Jeffrey Yamamoto:** Not that I could see.

**Presentation on ECT and DDD by Leah Gibbs and Dr. Underwood**

**Linda Mecham:** Okay. Our next is a presentation on ECT and DDD and that will be from Leah and Dr. Underwood. And I see Leah, Monthly, and Dr. Underwood, I've worked with you on a couple of different committees so it's nice to be with you again, this morning. Thank you both so much for coming and we appreciate that you've taken the time to present this to us. Thank you. So, the floor is yours.

**Leah Gibbs:** It looks like we have a question out, the gate Eva.

**Women's Studies:** So, what is ECT?

**Leah Gibbs:** Well, thank you... if you'll hang in with me Eva, I'm going to answer that question,...

**Women's Studies:** Thank you.

**Leah Gibbs:** Okay. And I want to thank Dr Underwood for joining me because she is here to support us and answer any clinical questions associated with the information that I'm going to be sharing with you, I want to give you a full background of what we would like to talk with you about today and then open that up for questions and then talk about next steps. If the committee is comfortable with that. So, here's what I'd like to present.



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

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

Today, we want to discuss a very sensitive topic regarding the IDD community, and the topic is electroconvulsive therapy “ECT”. Historically, it was known as electric shock therapy. Governmental regulatory involvement in the use of ECT has historically been prohibited for various reasons, including patient advocacy, and prior abuse by the medical community of people with developmental disabilities. This is contributed to heavy regulation, by state administrative codes and regulations. We're here today to propose consideration of amending Arizona Revised Statute 36-561. Through legal consultation, it was reported that the original language of the statute passed in 1978 and that this legislation was passed in a much larger piece of legislation, regarding individuals with developmental disabilities.

**Leah Gibbs:** The division believes the statute as it reads, is not reflecting current practice. And was created to protect vulnerable populations from overuse, misuse, and abuse of non-evidence-based medical practices. The division also believes the current statute does not take into consideration. The current clinical indications, based on research and best evidence- based practices, and is considering proposing to amend the statute to present it to the state legislature for approval. Today, the use of electroconvulsive therapy is permitted in certain circumstances and is a covered service under AHCCCS as well as our subcontracted health plans. United Healthcare Community Plan and Mercy Care Plan.

**Leah Gibbs:** The Arizona Revised Statute 36-561 is titled “Prohibiting, Certain Treatment and Drugs, Use of Aversive Stimuli”. The language in the statute reads. *“No psychosurgery, insulin shock or electric shock treatment, or experimental drugs shall be administered by the department to any client”*.

**00:10:00**

*“Nor shall the department license, approve, or support any program, or service, which uses such treatment and or drugs. The Department shall adopt rules and regulations specifying. The immersive stimuli used for any developmental disabilities program or service provided directed by licensed or supervised by or supported by the department. Copies of such rules and regulations shall be made available to all parents, guardians, applicants and clients participating in placement evaluations. The Department shall provide at least 60 days' notice to all responsible persons or to implementing any modifications to such rules or regulations. No aversive stimuli shall be used, or permitted by the Department in any such program or service except in accordance with the adopted rules and regulations and the client's individual program plan”*.

**Leah Gibbs:** Electroconvulsive therapy today is a medical treatment completed under anesthesia by a team of trained. Medical professionals. When least restrictive options such as therapies and medications have been intolerable or ineffective. It is also used for people who require a rapid response because of the severity of a condition. Electroconvulsive therapy today is much different than it has been in the distant past and is highly regulated and is effective for many psychiatric disorders. For example, People who may be diagnosed with severe depression, especially when accompanied by a detachment from reality, psychosis. Or a desire to commit suicide or the refusal to eat. Another condition would be catatonia. A condition in which a person can become increasingly agitated or unresponsive. Another being treatment resistant. Bipolar depression and mania And another being schizophrenia. In fact, the first use of electroconvulsive therapy in psychiatry was in the treatment of schizophrenia.



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

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

**Leah Gibbs:** Based on clinical observation of persons with epilepsy and schizophrenia also often had an improvement in symptom severity, following a spontaneous seizure Treatment guidelines have been developed by the American Psychiatric Association related to its use and these guidelines are supported by the Joint Commission on Accreditation for Health Care Organizations. Also known as JACO. A United states-based nonprofit, tax-exempt organization that accredits US healthcare organizations and programs. The international branch accredits medical services around the world.

So today the division has a proposed position. In that position, despite the potential revision, the division still maintains its position, which is consistent with Article 9 that electroconvulsive therapy cannot be used as abuse. as an aversive intervention, or as an intent to cause physical, or psychological pain, or harm to a member, or as a form of punishment, because of the consequence of the behavior. DDD would like to consider the possibility of using electroconvulsive therapy when clinically indicated and least restrictive treatment options have been exhausted. I have a brief little summary. I'd like to share.

**00:15:00**

**Leah Gibbs:** Today electroconvulsive therapy is currently a Medicaid covered service. That is evidence-based and is no longer performed in the manner it was used in the past. Currently DDD members who have exhausted all other options are unable to access this option as a form of treatment. Other people in the state of Arizona with these types of psychiatric disorders have access to this treatment. However, this law restricts this option for people with developmental disabilities. And I know that was a lot of information fairly fast. Doctor Underwood is here to answer any questions that you all may have. Who would like to go? First Eva?

**Women's Studies:** The three individuals in ASH, I was wondering if this would be an appropriate treatment because it's under anesthetic, so that they are not spending the two to four hours under mechanical restraints. Is this something that possibly they would benefit from? Those three individuals in ASH.

**Christina Underwood:** Well, considering their diagnoses again. There are clinical indications for ECT and again I, you know, I know that three members but right off hand, I do not know their diagnosis but certainly if that was something determined by their clinical team and was considered appropriate, then it's a possibility. But again however at this time that's not something that the division could support because of the legislation, right? So that's why we're looking at trying to basically revise the statutes so that we can present it to legislation next year. So that such members you know could be considered for ECT as a clinical treatment and maybe in your right. Maybe you know that could prevent some of our patients from needing to go to ASH provided that treatment is deemed clinically indicated and appropriate for them.

**Leah Gibbs:** Linda.

**Linda Mecham:** You know I would, didn't you?

**Leah Gibbs:** Well, you know, there's a lot of stuff to unpack, right? So please go ahead.



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

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

**Linda Mecham:** It is and this is the first run. So you know, let's so, What are the? What would be the guidelines? I mean do you have guidelines set up or did you already say them Leah?

**Leah Gibbs:** Linda, you would think that I actually paid you to ask that question because we have not. We have not created any guidelines.

**Leah Gibbs:** What we're trying to do is start a dialogue and if the Independent Oversight Committee is open to the consideration of amending the statute, then what we would like to do is work collaboratively with the committee, as well as other stakeholders to develop safeguards that would be appropriate for the use of ECT, as we look at maybe potential language to change the law, but we weren't going to do anything without an initial dialogue with each of the independent oversight committees.

**Linda Mecham:** So I do a lot, as Jeffrey said, I do a lot of the PRCs and I can see where, especially the individuals that are dually diagnosed, could benefit from that and I believe that if personally after you know, doing it, doing more research on it personally and I'm not representing the committee at all in the statement, but I think that there would be a place for that to occur for those individuals that are dually diagnosed, not just IDD, but have both. The mental health component as well as IDD in their diagnosis. Is that what you're thinking of?

**Leah Gibbs:** Dr. Underwood.

**Christina Underwood:** Well again that's why we, you know, the clinical indications that Leah presented. So, yeah, if a member had, you know, with the developmental disability where the IDD, whatever, but also had one of those clinical indications that be depression or, which was severe enough that it was very debilitating, right? And that was a change from who we know that person to be or whether it was bipolar mania or depression or one of those other indications then. Yeah, that would be something that his or her clinical team would discuss. And, you know, again, if that person was deemed appropriate for that, for that treatment, then yes, that would be something that would definitely be an option for them.

**00:20:00**

**Linda Mecham:** So what brought this up? What? Brought up the discussion? What was the impetus behind this?

**Leah Gibbs:** Well, you know, we have this amazing, wonderful medical director in DDD who is incredibly passionate and wants to be able to have all best practices available at his fingertips, for our members, as well as others in the state of Arizona. And recognizes, we have this barrier, that is not even an option for our members. Dr. Underwood would like to add anything to that.

**Christina Underwood:** Yeah, I mean and there have been instances where you know the topic has come up for treatment for our members. So again we want to be able to support them as a clinical option right now, you know, it's it's we can't do that because of the legislation.





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

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

**Linda Mecham:** So I know Carol's got her hand up, but let me just ask this before I forget. So, if they are, if they have to be anesthetized for this procedure. Wouldn't they already be in a hospital setting? You see, where I'm going with it, right? Because Article 9 does not apply in hospital settings.

**Christina Underwood:** So but your point is they are Yeah. So the treatment is done under anesthesia and you're right. They are in a hospital setting. However, for maintenance ECT again, it can be done. It's still done in the hospital, but they can go home and then come back and go home. But the treatment itself is done in the hospital setting.

**Linda Mecham:** Carol.

**eduarda yates:** This is Eduarda, there have been some horrible stories in the paper and on television about And these may not be DDD people. But they are, they have psychiatric problems and they're out of control. So, the family calls and they're taken to a hospital and horrible. Things are done. You saw the videos with somebody put face down, You know, on the ground. Have you seen some of that? It's just horrible. And finally, and, and all these people that are supposed to be trained in the hospital to deal with this. Literally end up killing this person. They can't breathe.

**Linda Mecham:** So, thank you, eduarda.

**eduarda yates:** And they act like they have no training and they finally, when they realize the person isn't breathing and it's, you know, it's too late to save them. And it is just. It's just horrifying that families that think they're going to help their person with the illness they call and then this happens to them when they get to a place that's supposed to know how to take care of them.

**Linda Mecham:** Eduarda. Thank you for your comment and I understand your concerns. I think we're all on that same page. We don't want anything negatively? We don't want anything negatively to happen to our individuals and I know a lot has changed over the years as far as how it's administered. So you know perhaps opening a dialogue and we can answer all those kinds of questions but let me let Carol ask her question Here. Go ahead, Carol.

**Carol McNulty:** Yeah, I don't understand why we would have to change Article 9. We have made exceptions in the past, remember the individual that was so self-abusive to himself. And injuring himself that we allowed to have restraints. So I think it's the same thing. We keep Article 9 but if they want to use the ECT, they could go to the committee and then we can review it and approve it. So, why do we need to change Article 9? I'm always afraid of that.

**00:25:00**

**Carol McNulty:** Approving. Something, I mean we know we have documented in the past, the abuses that have taken place, that is why we have Article 9, they can come to the committee, The committee can review all the techniques that were used in the past and determine whether or not, you know, this is the next step. The last step that would be appropriate to help the individual.



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

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

**Leah Gibbs:** Carol, the proposal is not to change Article 9. The proposal is to change the law that makes using electroconvulsive therapy illegal for any DDD member in the state. It's not about Article 9. It's about the Arizona Revised Statute. We're asking to consider changing the statute,...not the article.

**Carol McNulty:** Okay. Oh

**Linda Mecham:** And then Carol that would trump Article 9, sorry. Yeah.

**Leah Gibbs:** But again, if I could just reread for you one more time, please the divisions position and the position of the division is absolutely in alignment with Article 9 that *"electroconvulsive treatment cannot be used for abuse, as an aversive intervention, or as an intent to cause physical, or psychological pain, or harm to a member, or as a form of punishment between, because of the consequence of behavior"*, all of those things continue to be within the the position of the division. What the discussion is, is potentially Asking to change the Arizona Revised Statute. That currently makes it illegal in any circumstance, even when medically indicated.

**Linda Mecham:** So I have a question because Brent, put a note in the chat "even if PRC wanted to prove this technique, the laws prohibit us from doing so". So I understand both of your points once it. Once the law changes, though that law Carol, to your point would trump Article 9 And is a PRC approval or is an IOC approval because I've always thought it was IOC approval. On these special techniques.

**Carol McNulty:** It's IOC approval.

**Linda Mecham:** Yeah, that's the way it's written in the law. Yeah. So they could, I mean it might be presented, Brent you can chime in, please do, it could be presented in PRC setting, but if IOC is not on board. It can't happen. Correct. That's my understanding.

**Brent Seymour:** Yeah, Linda, that seems accurate to me in the sense that if, if anyone on the panel is identifying a challenge with the behavior plan, which could include yellow light or medical devices,...

**Linda Mecham:** Red light.

**Brent Seymour:** right things that are being proposed that plan would need to be disapproved. Absolutely. So I would argue that PRC representatives would likely also disapprove the use of ECT without a thorough vetting of documentation and professional guidance. I will tell you that even the behavior analysts committees or associations are also chiming in on ECT as well. There was a question about Why is this coming up now? I think something along those lines earlier and it's, it's been pretty topical over the past six months in lots of different professional spheres, including behavior analytics spheres, psychologist spheres, all these areas where there's a huge level of concern related to this type of procedure being used.

**Linda Mecham:** Have other states adopted something similar to this?



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

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

**Christina Underwood:** Yes. Yeah,...we're looking yeah, we've looked at some of those guidelines in terms of other states and their protocol.

**Linda Mecham:** What are they?

**Christina Underwood:** Ah, to. Well, it's out. Just give you a general overview of what they generally do. Some states have actually a board, Some states have again, developed specific guidelines, that what needs to happen, whether that requires a second level review, before person gets ECT, so different states, have different, protocols

**Leah Gibbs:** I want to remind the committee. I apologize for interrupting Dr Underwood but it is currently an approved technique by AHCCCS for all of the managed care organizations in the state of Arizona. This statute is what's making it not available to people with developmental disabilities?

00:30:00

**Linda Mecham:** Well.

**Leah Gibbs:** I'm just sharing just to make sure that you heard all I was trying to share.

**Linda Mecham:** Yeah. Okay. I yeah.

**Christina Underwood:** But do your question Linda, it's again with Leah you know I mentioned in the beginning that again we wouldn't include you guys collaboratively to look at, you know, developing guidelines in terms of, you know, providing that safeguard for our members again. So that it's not used, overused or you know, they're not abused or any of those things that would put them in danger.

**Linda Mecham:** Okay, Eva, you have a question.

**Women's Studies:** Yes, so what is the ARC of US or TASH, or Self Advocacy, these types of groups say about this ECT? Have you looked to any of those advocacy groups to see how they support it or don't support it?

**Christina Underwood:** I have not. Leah, and if you want to comment on that,

**Leah Gibbs:** I have not.

**Linda Mecham:** So this is really just the initial dialogue. You guys.

**Leah Gibbs:** That it's a hundred percent, correct.

**Linda Mecham:** But you would like to be able to present it. Well, you can't present it. Who would be the presenter?

**Leah Gibbs:** Linda, we haven't gone that far. We're just at an initial stage, we want to outreach, we want to get your thoughts, we want to see if we can consider moving forward.



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

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

**Linda Mecham:** Eva.

**Women's Studies:** Well I personally think what you ought to do is look at the ARC of US and look at TASH. And the American Association of Disabilities to see what their statements are on ECT, because, you know, I think they advocate for people with IDD and it would be interesting. As so, when you present you have my understanding that you want to have a committee including the IOC member to look at this and maybe consider it. And so my consideration is for background just like Leah read, all that stuff that we can read in the minutes.

**Women's Studies:** Larry, we need to figure out how to get the minutes because I can't find a minute, anyway. *We need to figure out what the national disability advocacy groups feel about it before we do anything.*

**Linda Mecham:** I think, I think that Leah. Well, let's not, I even know about it. I'm kind of surprised, but okay, well, Does anybody have any other questions? Would you like further Information or dialogue from us, Doctor Underwood or Leah?

**Christina Underwood:** Okay. Go ahead. Carolyn.

**Curiosity Carolyn:** This is Carolyn. I do have a few questions. I've been kind of trying to pull my thoughts together on this. I'm really, I'm always very interested in having treatment options for people with intractable depression at difficult to treat depression. So I think I'm definitely interested in learning more about this and continuing the discussion. One of the questions I have is, you know, there are newer treatment options that are being explored. I don't know enough and know how evidence-based they are, but I was wondering what other new treatment options could be made available to people in getting services from DDD. So, that was one question. And I'm thinking of things like Ketamine or TMS or other newer medications that might be on the market that are, you know, especially things that are expensive. I don't want ECT to be a treatment option because other things are too expensive to try.

**00:35:00**

**Curiosity Carolyn:** And then my second question is, you know, historically ECT has been regarded as kind of a brain scrambler in terms of memory and maybe even cognition. And so I was wondering where the understanding of that side effect is now. And then my third question is, have there been any studies? I know, it's ECTS evidence-based. I'm wondering if there have been any studies specifically on ECT in the developmentally disabled community.

**Christina Underwood:** I'll start with your first question about other treatment options. You're right. There are some newer treatments that are out there but again ,ECT, again we're looking at consideration of clinically indicated and that means in most cases that they've exhausted the least restrictive level of care. So, meaning that they would have failed other treatment options, so that would be again, up to the team to their clinical team. And, you know, meaning the provider and And part of that decision is just in discussion with the parent guardian member. So again, that would be specific to the member, but again, you know, we're



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

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

looking at, you know, have other treatments been tried? And that's part of again, going to safeguards is looking at what treatments have been tried in other states, some say, you know, Have they tried at least three other options, and have failed. So again, looking at basically historically their response to previous treatments and then your question. Number two, I'm trying to remember what it was.

**Curiosity Carolyn:** Sorry, I know I threw a lot at you. My other question was how does ECT impact memory and cognition?

**Christina Underwood:** All right, so Again, we know that in terms of memory, mostly, it affects short-term memory. And but that has again, research has shown that that has resolved over a course of time whether it's, you know, one, two months. Now again, as in any other situation or surgical procedures, which is again, ECT is considered that since, you know, under anesthesia that in terms of risk of benefits, those things are considered, there's not enough evidence to show that again, it is any significant. detriment in terms of a harm to cognition or memory in terms of when you're looking at significance, this statistically significant evidence So again, it's not to say that you know, zero patients. Will will have no, you know, response to that. But in terms of the side effects, But again, not statistically significant enough to not warrant it as a treatment option.

**Christina Underwood:** And then and then I'm sorry. Her last question was about the IDD population itself. In terms of, I've looked in terms of data. But again I think I haven't found any data but I think part of that may be because historically, again, you know that we don't have enough, you know, people that are using it in our population to basically look at the data.

**Curiosity Carolyn:** and follow-up question on that is you know, if DDD were to start using ECT for clients When medically indicated, when clinically indicated, would there be an effort to try and kind of collect data in some sort of systematic way. So the DDD could use that information, in hopes of helping future clients and decisions being made about, is this an appropriate treatment option,

**Christina Underwood:** That's a great consideration and certainly that is something we will definitely keep in mind.

**Curiosity Carolyn:** Great. Thank you.

**Linda Mecham:** So Leah, I'm sure that our committee would like to discuss this further. And we can get back to you as everybody. Okay, with doing that.... IOC members? Are you okay with further just,... Eva

**Carol McNulty:** Yes.

00:40:00

**Linda Mecham:** Sorry. Okay, is that alright with everybody?

**Linda Mecham:** Leah. Go ahead.



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

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

**Leah Gibbs:** Linda, will the committee like an opportunity to discuss it and have Dr. Underwood and I come back or would you like to just send me an email? Do you have a preference?

**Linda Mecham:** I don't have a preference. Committee, do you?

**eduarda yates:** I think, I think she could be valuable with just about any meeting we have.

**Curiosity Carolyn:** Yes.

**Linda Mecham:** Carolyn.

**Curiosity Carolyn:** Yes, I would. I would love to continue discussions about this after we've had some time to really think about it and perhaps do some research on our own.

**Linda Mecham:** I have a thought because I had some questions as you were talking about, I wrote them down and I would like to do a little bit of research on my own as well regarding this. Just on the face of it. I think that for me, this is my opinion doesn't represent anybody else, but because it would be in a hospital setting anyway that Article 9 is always... Oh, it's the law, it's the law.

**Leah Gibbs:** It's the law,...not the article.

**Linda Mecham:** I have to get my head around that. Okay, all right. Well I think we need that further discussion on this myself. And if all the committee members could come back, maybe at our next meeting, be prepared to discuss this a little further. Do our own research and get some thoughts. Are you in agreement with doing that? Everybody.

**+1 480-\*\*\*-\*\*23:** This is Lisa, I am.

**Curiosity Carolyn:** Yes.

**+1 480-\*\*\*-\*\*23:** I am. Yes.

**Linda Mecham:** Okay. Mandy

**Mandy Harman:** I think that would be a good idea.

**Linda Mecham:** Okay, we just have gone along our merry way, not having to think about this concept and now we're what you know. So anyway it probably will take a lot to convince this otherwise at least me, but we'll see how it goes. I try to keep an open mind. Most of the time. So all right, let's do that everybody. You know, just look into ECT, find out what's going on in other states. Now, maybe, you know, just do your research, whatever your questions are with regards to this. I mean I can think of a handful of representatives that probably would not be for this as our legislature currently stands. So we'd have to if you wanted something like this and have to be pretty particular and very detailed as far as the guidelines.



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

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

**Leah Gibbs:** We agree with that completely Linda, which is part of the discussion. We're hoping to build those safeguards. Make sure the members are protected.

**Linda Mecham:** So how Leah, let me ask you this? Because Ddd can't really? Can you present bills? I mean, I didn't think that you guys could. Okay.

**Leah Gibbs:** Generally no, generally what happens is there's another agency out there that would potentially work with us. know more like ADDPC or...

**Linda Mecham:** Like the IOC's.

**Leah Gibbs:** No, Okay, the AZ Center for Disability Law, or one of those kinds of agency Yeah.

**Linda Mecham:** Yeah. Okay. Alrighty.

**Leah Gibbs:** I've never heard of an IOC presenting a bill. But...

**Linda Mecham:** No. We just either support or disagree, as you guys know,...

**Leah Gibbs:** Yeah.

**Linda Mecham:** okay? All right.

**Linda Mecham:** So, anything else on that? I would like to thank both Dr. Underwood and Leah, are you going to stay on, Leah? And Dr. Underwood, you're welcome to stay too.

**Leah Gibbs:** Yes, ma'am.

**Linda Mecham:** Brent. Do you have anything to add on this? This is your wheelhouse too.

**Brent Seymour:** Thank you, Linda. I don't think so, Dr. Underwood and Leah covered everything beautifully. These are certainly really challenging procedures to review and they have a huge impact in a positive way on a very small subset of people. Or potentially could. And so, thanks in advance for considering how there's a very small subset of members that could likely benefit from something that feels kind of concerning. And I think the information provided really helps to Get through that.

**Linda Mecham:** What's the timeline? Thank you, Brent. What's the timeline on this?

**Christina Underwood:** Well, we're again, we're looking at the next legislative session which is not until next year, but we certainly want to get moving as soon as we can,...

**00:45:00**

**Christina Underwood:** You know, considering the sensitivity of the topic and, you know, if we're gonna develop those guidelines and all of those things. So, yes, as soon as we can get it going it would be better.





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

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

**Linda Mecham:** Okay. All right. Eva you have one more question.

**Women's Studies:** Yes, before Doctor Underwood left, I was just wondering if DDD and ASH got together about reporting. IRs on people, because I noticed that we got the quarterly report. I went back and looked at the February members IRs and none of them got reported and so um, and those members had between almost two hours and four hours of mechanical restraints. And so there were no IRs leading up to it. And to those members. And so can you sort of work with DDD and ASH to make sure that the IRs get recorded, not that we can do anything, but it just seems me. This is an issue. That is not getting addressed.

**Christina Underwood:** Yeah, I'm, thanks for bringing that up. I would definitely look in to see what happened because I thought generally we did get the IRs from ASH. So again, why why? It was reported in February and that is something that needs to be didn't.

**Linda Mecham:** Leah.

**Leah Gibbs:** Actually, James' hand is up to James. You want to go first?

**James Maio:** Yeah. So we were not getting IRs from ASH for several months and we recently did work out an agreement with them to start reporting them again and it started in March so you'll see them effective for March. and we are putting them in again and I believe that there are, I think there's three members currently in one for District South and I think two for Central, but it might be one central and one West.

**Linda Mecham:** I thought it was two central. One East? No. The population changed, what is a Leah?

**Leah Gibbs:** It hasn't changed Linda but it is a member who's from District South and two from Central.

**Leah Gibbs:** Then my understanding is two from Central and we have, in fact, work, as James said, We have worked with ASH, we've worked with AHCCCS and those reports are coming back in again. watch for,

**James Maio:** They are also, they're reviewing all the incidents that happened while we were not getting reports and they are being looked at to be entered in. Basically late late entry for all of those. So those are being reviewed by our QMU team, and we'll then get entered. After the fact.

**Linda Mecham:** So, can we jump to the Senate Bill 1444 on the agenda? Because this all goes hand in hand With that.

**Christina Underwood:** So Linda I'm gonna if I can just say, thank you guys for having me, but I do need to jump off for another meeting but I appreciate your invitation to stay on. So, I'm looking forward to discussion.

**Linda Mecham:** Thank you very much. Thank you.

**Christina Underwood:** Thank you. Okay.





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

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

**Linda Mecham:** Thank you.

**Brent Seymour:** I will also quickly piggyback on Dr. Underwood. I have the same meeting to jump into so I appreciate the time you guys have and I'll hope to be in attendance at the next one. Thank you.

**Linda Mecham:** Thanks, good to have you. You bet.

**Brent Seymour:** Appreciate you guys.

**Discussion on SB 1444**

**Linda Mecham:** So I'm kind of sorry. They have another meeting because this goes along with what they can do. But Leah you can, or somebody can pass it along, regarding 1444 I did look at the sheet here.

**Linda Mecham:** So what I'm so James. What you said was that we were Not given those incident reports from ASH, correct?

**James Maio:** No. They were not being reported to us. We for whatever reason which I can't speak to they were not sending in IRS to us for a period of time then I think because of your guys's raised the question about it it was we looked at and now they are sending in IRs and they are reporting all of their old IRs to our QMU team for review. Those ones that were not reported to us.

**00:50:00**

**Linda Mecham:** Because it was the first of January, I went to that joint and there's a couple of things that came up in that committee that I learned. It was a joint legislative committee on behavioral health. And they asked me to come and speak with regards to our issues and the ASH members, the DDD that are at ASH. and one thing I found out, because I made the statement that ASH is not, Giving them. Those individuals. Active treatment. And Josh Moselle, Questioned me about that and said they are statutorily required to offer active treatment to these individuals. So, how do we move forward on that to make sure that they are getting active treatment in that ASH setting? Nobody knows. Great.

**James Maio:** That I can't answer that question. I would have to say because they're not a DDD provider. We don't exactly have a say over them, but maybe, maybe that's something that you guys could elevate through behavioral health, the way through, maybe they can talk to ASH about it. I don't know.

**Leah Gibbs:** We do know that the members who reside who are currently receiving treatment at ASH have support coordinators, and they do have meetings. And so our support coordinators would be able to document information in our document about what's happening around that member. Now, Linda, if there are specific things, I imagine we would want to have a conversation back with the support coordination as well as our Behavioral Health Administration Dr. Underwood's staff about that but there are support coordinators who see those members.



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

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

**Linda Mecham:** So, how would we get that message to support coordination? To ensure that the members are having active treatment, or receiving it, and then get that back to us.

**Linda Mecham:** Would that be in the form of a motion? To request. I, you know, I think that's kind of going a little far, but if we need to. Because if they are Statutorial and I'll have to find the statute, I thought about calling Josh and asking him what the statute was specifically so I could quote it. Yeah.

**Leah Gibbs:** It would be helpful to have information.

**Linda Mecham:** But how would we proceed with that? What would be the procedure on that?

**Linda Mecham:** Okay, Another thought I had was maybe working with the ASH IOC. Maybe because they meet directly with the ASH director, he's a member or he's supposed to attend those meetings. So, does anybody have any thoughts on that?

**Women's Studies:** Well personally I like that idea, really? Because I said, I am just really concerned that, you know, without active treatment, you know, people in mechanical restraints. The 1980s were as bad as what our members are dealing with in ASH. You know what I mean? When they emptied up the institutions, I said These people are never going to get out of institutions, it's sort of like, You know, maybe this ECT might help them, but also active treatment, there has to be something to help those members in ASH. I mean, besides being in mechanical restraints.

**Linda Mecham:** I agree. And So, We sent out the highlights of Senate Bill 1444 and we've been asked to send in a response. I did read it. And the only thing, the only provision that I can see in it and it's just a possibility for DDD members at ASH. Is number 6C, which says "Identify necessary enhancements to ASH services facilities and staff. To provide, statutorily, required treatment, and services to patients in each division, including treatment and services for secondary diagnosis".

**00:55:00**

**Linda Mecham:** Parentheses ASHs statutory required to give active treatment and oh these are my comments. I don't know where that's located. It was part of questioning. So the only requirement for reporting is to the ASH IOC, not DDDs IOC. But James, it sounds like you guys have got that worked out.

**James Maio:** Well, yes, they're reporting incidents for the members, the DDD members at ASH to us now. you guys won't see the member from District South though, because that's going in by district south and being looked at by their IOC.

**Linda Mecham:** That's fine. We appreciate that. And Larry let District South know that we're willing to work with them or they can, you know, come on board since we're the two districts currently that have this. But I think this is You know, it's not limited to just the districts. North, Central, South or whatever we should all be the districts should be Involved. But just let him know that we're working on it and if they want to get



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

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

together, we can let's see. So, but if this is the new 1444 statute, we might want to have an amendment that says,

**Linda Mecham:** So that it is in law and that we don't have these issues. Again, that says that if a member who is residing in ASH, is also a DDD member or CDS member that that particular IOC. Also get the incident reports. That was the only thing that I could see. As far as 1444. Eva.

**Women's Studies:** So I don't know what the bill is, but does that have anything to do with that survey that they sent out to the IOCs?

**Linda Mecham:** That's it. I didn't look at the survey. I just read the The attachment.

**Women's Studies:** But I can't copy them down and so one of them is to increase bed capacity at ASH civil count without expanding service or diagnosis. Beyond current capabilities, the second one is AD staff to the state hospital. Specializing intriguing individuals with the needs beyond that of primary psychosis conditions. The third one is building a step down facility to expedite patient discharge from the state hospital, when clinically appropriated and the fourth one is building additional facilities to treat individuals, presently admitted to ASH, that better serve in a specialized setting and in parentheses is DDD, IDD, personality disorders and neuro-cognitive and dementia. Those are the three things that they wanted us to rank in order.

**Linda Mecham:** Well.

**Women's Studies:** And we had to identify ourselves as an IOC member.

**Linda Mecham:** Okay, well, I mean, you guys can do that on your own, you know? However, you feel if there is something. if there's something that you would like to see our committee propose as a whole, then we would do that in this forum, but if you want to fill out it individually on your own.

**Women's Studies:** well, the biggest thing of it is we were talking about building a step-down facility to take And so to me that seems to be. I mean, That's good.

**Linda Mecham:** Would that? Excuse me. But would that include DDD members? Or would that be for "at large"? See.

**Women's Studies:** I have no idea. It just said when clinically appropriate, but on the same token, we've been looking at a step down facility. So

**Linda Mecham:** Correct, but we've been looking at it in a DDD setting, not an ASH setting. Using this.

**Women's Studies:** well, maybe we can make comments in there in

**Linda Mecham:** Exactly, exactly. Exactly. so,



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

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

**Linda Mecham:** How do you want to move forward? Do you want to do a motion? Do you want to have a statement or just do it all individually?

**Women's Studies:** Well, the fourth one was building a different additional facility to treat individuals admitted to ASH, but better served in a specialized setting and so maybe this is what we really need. It is to have a separate setting for our members that are in ASH. And then the next thing would be a step down facility for them to go into That if they don't get. I mean part of it is not only do they need to do active treatment, but the people in ASH need to be qualified to, to provide services. I mean, you know, being aware of their situation, you know, IDD, their personality, or their neural cognitive stuff. so, in some ways,

**01:00:00**

**Women's Studies:** You, you have people who are mentally ill and yet you have people who are dual diagnosed. And so, it sounds like the fourth one has to do with people that are sort of Yeah.

**Linda Mecham:** Capable of being released. Capable of a less Restricted Environment. Okay, I can't make a recommendation.

**Linda Mecham:** You guys. So we need to and we need to move on but do you want to tell me what you want? You want me to make a statement, do you want to do it on your own, put in your own comments.

**Women's Studies:** I think it would be more powerful and if the IOC makes comments and so I think I would like to make a motion that the IOC makes it and we can also do it individually too, but as a group we've all decided to do that, we're going to do number four which which is the first one for building additional facilities to treat individuals. To be better served in a specialized setting and number two. The second priority is building a step-down facility especially for people with DDD.

**Linda Mecham:** Okay. Do we have a second on Eva's motion?

***Carol McNulty said she would second the motion.***

**Linda Mecham:** Thanks Carol. Is there a discussion?

**Linda Mecham:** Okay. So we will expand upon your motion, is that alright to do that. If you know me, I will add a little flowery language in there.

**Women's Studies:** but we have to vote on it individually.

**Linda Mecham:** I know, but we're having a discussion right now. So All right.

**Women's Studies:** Oh, okay, so I don't know, the other two were adding staff. Specializing in treatment, with needs beyond that, a primary cycle condition, we could do that for three. Or do you want to do that for two? And the third one is increased bed capacities. without expanding services, that seems to be the not, not an option at all, but so the difference is do we want The step down. Do we want building facilities to treat them



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

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

differently or adding staff? Specializing in treating individuals. All three of those seem to sort of coordinate together, but, We were really looking at a step down facility.

**Linda Mecham:** I think step-down should be our first priority.

**Women's Studies:** Okay. I can make an amendment to my motion. There's Carol.

**Carol McNulty:** So I agree and we've talked about a step-down facility for years, and at one time they used to have one. They had one but it turned into just a regular group home, because the step-down was with the You know, thinking that you can eventually move them into a less restrictive environment, a regular group home but it never really happened. Anyway, that was years ago.

**Linda Mecham:** And you know, Carol, I love having you on the committee because you have got the historical information that we don't have. You know, I mean, not even on Eduarda's been on but, you know, you have a memory, like an elephant. I love it. You know, so you can let it remind us of where we came from, so that's great. Okay. So,...

**01:05:00**

**Linda Mecham:** What's your motion? do your motion again? Then

**Women's Studies:** so IOC to vote on the survey for building a step-down facility to expedite patient discharge from ASH When clinically appropriate, especially for DDD members. Of. That's number one.

**Linda Mecham:** That's number one.

**Women's Studies:** Number two, is building additional facilities to treat individuals, being admitted to ASH, but better served in a specialized setting. And number three, adding staff to the state hospital. Specializing in treating individuals, what needs beyond a primary psychosis condition, including DD/ID, personality disorder, neurocognitive and dementia. And the fourth one is to increase bed capacity without expansion of services or diagnosis, which we don't agree with.

**Linda Mecham:** So okay, you're so actually I'm in a disagreement with and part of the discussion. I think that staff needs to be number one because without staff, who's trained to work with the different components? You're not going to have any luck if you've got a building or whatever. So staff I think should be number one. What do you think?

**Eduarda Yates:** Yes.

**Women's Studies:** Well actually actually was interesting is if you get the staff that's before the legislature has to pass money to build a facility.

**Linda Mecham:** That's right.



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

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

**Women's Studies:** All right, that sounds like a good deal.

**Linda Mecham:** Okay. So we'll just bump everything down one but put the staff number one.

**Carol McNulty:** Yeah, good idea.

**Women's Studies:** So we're going to do staff one, step down two, additional facilities, and then increase bed capacity, as not really an option.

**Linda Mecham:** No. Okay, well, in addition to that in just a note. What do you think about adding the statutorily required. It said that in there, correct?

**Women's Studies:** No, that was not in the survey.

**Linda Mecham:** Okay, well, I'll add that in our little comment, the statutorily required services. The staff to be required, to be able to service that. Okay, all right.

**Women's Studies:** Okay.

**Vote on Survey answers**

**Linda Mecham:** Okay motion. Read your motion again. Eva

**Women's Studies:** Okay, so the IOC is filling out the survey. And number one is adding staff to the ASH to specialize in treatments with needs beyond the primary psychosis conditions. and then in the parentheses, including training on the statutory active treatment plans doing that active treatment plans for DDD members. Number two is building a step-down facility, to expedite patient discharge, especially for DDD members. Number three is building additional facilities to treat individuals, admitted to ASH but better served as a specialized setting and the thing in parentheses, And then the fourth one is increased bed capacity at ASH, without expansion of services or diagnosis treatment beyond current capacity is not really an option.

**Linda Mecham:** Okay, all in favor. Oh, do we have a second on the current one?

**Carol McNulty:** I second.

**Linda Mecham:** Okay. And is there a discussion now, on that motion. All right, all in favor of Eva's motion. Say "aye" Oh no, we have to vote individually, don't we? Yeah, sorry. Okay Carol

**Carol McNulty:** Aye

**Linda Mecham:** Eva

**Women's Studies:** aye,



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

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

Linda Mecham: Mandy.

Mandy Harman: Okay.

Linda Mecham: Eduarda

eduarda yates: aye,

Linda Mecham: Lisa

*Lisa Ehlenberger said aye*

Linda Mecham: Carolyn.

Curiosity Carolyn: aye,

Linda Mecham: **Debbie** she's on mute. Then that's one "none vote".

01:10:00

+1 602-\*\*\*-\*\*22: Aye, Sorry.

Linda Mecham: Oh, there she is.

Linda Mecham: Thanks Debbie. Any against. No. Okay, I guess that would have shown up in the individual vote. All right, so the motion has passed and we'll get on that this week.

**Update on Call with Zane (Residential billing)**

Linda Mecham: All right, the next issue is the Billing update.

Linda Mecham: And from our submission. Remember last month, we weren't real satisfied with the response. So the path forward for us when that happens is to meet with Zane which we did and Zane's, not on, correct Jeffrey.

Jeffrey Yamamoto: That is correct.

Linda Mecham: Okay, so we I just wondered what his update would have been on that, but Carol and Debbie and I met with Zane, And Carol or Debbie would you like to? Tell what happened with that meeting.

Carol McNulty: Yes, at first he was talking about policy. We were saying it's not the policy, it's the method. It's the, I don't know the agency. We're sending our money to Saint Louis and it's billed wrong all the time. I think we finally got through to him that he understood what we were talking about. I also mentioned my friend Linda who is still receiving a bill after a year since her son passed. I mean this just should not be



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

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

happening. And I think that he finally understood the issue and I hope he brought that forward to the DES director or...

**Linda Mecham:** DES billing. Billing.

**Carol McNulty:** Mm-hmm. But I think it's more than that. It's their whole, maybe their whole computer system is you know, it's just wrong and it's been going on for years. I think the division is actually losing a lot of money. Um, and I actually did not send in any money this month, I have this, you know, do not pay over \$11,000, that's gonna be interesting to see what happens. And fortunately something came up, where I could spend, you know, a large portion of Diana's money on actually. It's attorney fees and I always kind of split those with her because a lot of my attorney questions have to do with things that, you know, are related to her. So anyway, I'll see what happens.

**Linda Mecham:** So, I drove down to Casa Grande with Elizabeth, Karen's daughter, to go see Janie. We went, we went down there on Saturday and she's still having the same problems that Karen had, you know, the billing and she said Yeah, Last month, they had this big huge bill this month, It was like little teeny tiny and I said, Okay, you need to talk to Carol because She knows how to do this. But anyway she says I'm just gonna keep sending in whatever they sent me. I said. Okay whatever. But she set up a well, never mind that's talking about members so never mind. Okay. Um,

**Linda Mecham:** Do we want to? Resubmit the motion asking. What the update is with regards to the billing.

**Carol McNulty:** Yes, we did. We need to have an answer and they need to correct this

**Linda Mecham:** Okay. So do I have a motion to resubmit our other bill? Our previous motion.

**Carol McNulty:** I agree that we should resubmit it because it needs to be resolved.

**Linda Mecham:** Jeffrey. What did I do wrong?

**Jeffrey Yamamoto:** You did nothing wrong. I was just going to say that you have a meeting, a chairs meeting on the 19th of next month, I do believe that Zane does have that on his radar to bring up. So I don't know if you wanted to do a motion now or if you wanted to wait for that response.

**Carol McNulty:** I think we'll wait for his response.

**Women's Studies:** Oh, excuse me. So, what was the motion? I thought it was a motion that you all got together and talked about it as opposed to a motion to DDD to answer our question.

**01:15:00**

**Linda Mecham:** No. No, the motion was and I'll read it to you " 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 due and then the following month the amount would be completely different





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

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

at other 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 to several thousand dollars. When the previous month indicated, a credit which may create a real hardship for the family or the member who has served by the division.”

**Linda Mecham:** We are asking what the plans are and when they will be implemented for review of the DDD residential billing process as well as correction of the systemic air 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 that was our motion and they and the response back was policy. So, that was why we had the meeting because we know what policy is. We needed to know what they're going to do, systemically. So you guys aren't interested in bullet-pointing this and sending it out. It might help him in his presentation for the statewide.

**Women's Studies:** Well, actually, I think we should resubmit it because we should. Say that, you know, maybe what we need to do is, you know, they came back with policy. So maybe what we need to do is maybe they need to look at their contractor in Saint Louis and bring, Did they ever consider that their contractor is not? Not doing their job correctly. Have they assessed that contractor to find out if they are appropriately billing? That is what the issue is that the contractor is not properly billing for DD members in Arizona and it has nothing to do with policies that have to do with the contractor.

**Linda Mecham:** Right. Well,...

**Carol McNulty:** Yeah.

**Linda Mecham:** I think it has to do with the computer system is what I think it has to do. But anyway,

**Women's Studies:** Yeah, well, you could say they need to check the computer system and they need to look at their contractor and it has nothing to do with policy. It has to do with confidence. I mean, you know it has to do with the fiscally responsible. And I think that's what we need to use. Is fiscal responsibility. In their computer system and in their contractor.

**Carol McNulty:** I I think it also has to, like Eva said, I think it has to do with the contract. That's why I thought it was more of a Department of Economic Security overall problem.

**Linda Mecham:** Okay.

**Linda Mecham:** How about this? So, we bullet-point and its follow-up motion bullet-point What the plans are? That's one. What the plans are and when they will be implemented for review of the residential billing process, that's bullet number one, number two, correction of the systemic error in billing calculations. Number two, Number three, transparency reflected in members, Residential Bill. In order to achieve a correct monthly statement. And four, fiscal responsibility, in computer systems and the contractor.

**Carol McNulty:** That sounds good, I think.



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

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

**Linda Mecham:** We'll appoint those and then and then with those bullet points that might help Zane in our April statewide meeting, because we're the ones that brought it forward. Not anybody, not any other IOC, They're gonna go what's this about? Maybe, I don't know, I don't know what they talk about. Well, we're the ones that brought it forward and we need to get our questions answered. Eva.

**Women's Studies:** I think we need to make another motion to include those four programs.

**Linda Mecham:** Well, that's what I'm saying. Is that what we want to do?

**Women's Studies:** And that's what I personally, I think we need to vote on again and send it off. So that, you know, it is clear that it's not just the policy that we want. It's actually, I would move up the fiscal responsibility to number one.

**01:20:00**

**Linda Mecham:** All right. Okay got it

**Curiosity Carolyn:** Hey, Linda.

**Linda Mecham:** Carolyn

**Curiosity Carolyn:** I hate to make this more complicated. Already. But one of the things I do think is really important is that they need to develop well, first of all, they need to develop a process. A transparent process where families who have these billing problems can submit their concerns and actually get a response. And get a resolution and then as part of that, they need to make that available. They need to make that information available to everyone who has a family member in DDD. And you know, I know when my sister-in-law became under the care of DDD. I mean, there was stuff, there was information that was withheld from us by the caseworker. So we need to have a way, systematic way or newsletter or whatever it is for families to be made aware that there's a new process and how, you know, to submit their complaint and how to get a resolution. And what the timeline, expected timeline should be for that. Now I know that's a really long, probably a long-term goal. Not like that's going to happen in a couple of months, but I do think that really needs to happen.

**Linda Mecham:** so, this is what I got. I know it's awful, develop a process where the rep payee, there's just notes, develop a process, transparent process, where rep payee can submit questions and get responses / resolution to billing issues, correct?

**Linda Mecham:** Carolyn.

**Curiosity Carolyn:** Yes. Sorry. Yes. And I would have the word timely to that somewhere maybe timely responses and timely resolution. And then we could detail...

**Linda Mecham:** Okay.



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

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

**Curiosity Carolyn:** what that, exactly. That means later

**Linda Mecham:** Okay. All right.

**Linda Mecham:** so,

**Linda Mecham:** So that would be number five. Or five, whatever it is over the bullet processes. All right. Okay, is that?

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

**Linda Mecham:** Question. Yes.

**+1 602-\*\*\*-\*\*22:** This is Debbie

**Linda Mecham:** Sorry. We're here,...

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

**Linda Mecham:** We've got you.

**+1 602-\*\*\*-\*\*22:** Okay, I'm your bullet point number two. Um, would you read that again?

**Linda Mecham:** You mean the way it was worded originally?

**+1 602-\*\*\*-\*\*22:** No, just what you read. Just a few minutes ago, number two,

**Linda Mecham:** Oh, the set. The one Carolyn just said

**+1 602-\*\*\*-\*\*22:** now that Linda you read a bullet point number two,

**Linda Mecham:** All right, let's see.

**Linda Mecham:** A review. Okay, what the plans are this? So number one would be fiscal responsibility. In computer systems and contractor, right? And then and then I have what the plans are when they will be implemented for review of the residential billing process as well as correction of the systemic error in billing calculations. and then,

**+1 602-\*\*\*-\*\*22:** Well, I think somewhere in there we need to say "Separate from policy". So they know that we're not talking about policy, we're talking about the actual process of the building which is separate from policy. Make sure that we make it clear that we're not we're not talking about policy.

**Linda Mecham:** Okay. That would be probably in their introduction portion of it, separate from policy.



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

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

+1 602-\*\*\*-\*\*22: Yeah, just make sure that they know that we understand policy but this doesn't have anything to do with policy.

**Linda Mecham:** Already got you. Okay.

**Women's Studies:** So in the motion we can say that we did

01:25:00

**Women's Studies:** we did not agree with their answer to our Questions.

**Linda Mecham:** No, We've already had that meeting with Zane. That was what the meeting was about because we wanted more information than the policy. So the next step in a motion for us if we're not satisfied with the answer is for the IOC to have a meeting with Zane and which we did. And then if we want to take it further, then we go to the DES director. That's the process. I don't want to take it to the DES director because I know DDD is working on it. So, you know, let's continue to work together on this but I just think that my resubmitting our questions. It will do two things. Number one, it will get them answered for us. Number Two, it will help Zane. To understand. What we want and what we are actually looking for and as well as what would be beneficial, I believe in the statewide meeting.

**Linda Mecham:** Did we have motion or are we through just talking about it? Or There's not a motion. Oh Carol, I'm sorry. Carol.

**Carol McNulty:** Well, after our conversation, I think he really got it. He understood what we were talking about because at first he was talking about policy, then we went into the systemic issues of the whole process that is wrong.

**Linda Mecham:** Right.

**Carol McNulty:** So I think he gets it.

**Vote on resubmitting of Billing Questions**

**Linda Mecham:** I agree and I didn't feel a need after that meeting to elevate it further to the DES Director. I felt like that. He was "Oh, I get it" and was going to make some changes. So we do have a motion for this.

**Linda Mecham:** Carol.

**Carol McNulty:** I make a motion that we view the bullet points and just rephrase, you know, our initial concerns.

**Linda Mecham:** so, is there a second



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

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

**Women's Studies:** And even. Second, Eva seconds.

**Linda Mecham:** Do we have further discussion on it?

**Linda Mecham:** Okay, let's have a vote Carol.

***Carol McNulty said aye***

**Linda Mecham:** Eva. Eduarda.

**Women's Studies: Aye,**

**Linda Mecham:** You're on mute Eduarda.

**eduarda yates: aye,**

**Linda Mecham:** Thank you, Mandy. Carolyn. Lisa.

**Curiosity Carolyn: aye,**

***Lisa Ehlenberger and Mandy Harman both said aye***

**Linda Mecham:** Debbie.

***Debbie Stapley said aye***

**Linda Mecham:** Okay. I think that's all in the affirmative so we'll take care and get that taken care of and talk with Zane. All right. Eva. You're up, your ER, Court ordered.

**Discussion on ER court-ordered assessment definition**

**Women's Studies:** Okay, so technically the biggest problem came in is where is it? You know, like, I did attend that meeting because they wanted the IOC recommended it and there was not really much to do and it was another one of these deals where it was being changed in the legislature. So the policy had a change and last week, the last meeting. James looked up the definitions. And so so basically, because they really didn't talk about much about people with IDD, in that meeting with whoever that was Michelle Nicole. And no Melissa Dell Cole. Anyway, when he read the definitions, it was talking about mental disorders. For the gravely disabled and the persistently acute disabled, both of them talking about mental disorders. And, technically, it has nothing to do with people that are diagnosed with SMI, I guess. and so, therefore, I'm not getting involved in the legislative session stuff and so, technically I don't know how we as an IOC could do anything about it.

**01:30:00**

**Women's Studies:** you're on mute Linda.



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

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

**Linda Mecham:** Okay, so if there's no recommendations then Okay. All right. Well, thank you for that Eva. I appreciate it. That's great.

**Linda Mecham:** All right, we are up for the updates. Jeffrey from everybody.

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

**Jeffrey Yamamoto:** Thank you. Can you hear me?

**Linda Mecham:** We can.

**Jeffrey Yamamoto:** All right, my Internet went out on me, so let me go ahead, Leah. Did you have anything to add today?

**Leah Gibbs:** I really only have one. Which I know is kind of shocking. I would like to make the committee aware that the division of developmental disabilities is partnering with some of our other agencies and we are going to be conducting. Our first self-care for Caregivers conference it is free. It is for caregivers of people with intellectual and developmental disabilities, it will be on the 25th of April. At the Desert Willow Conference Center, it will be an in-person event. We will have speakers and breakout sessions and resource tables and a continental breakfast and lunch will be provided, it's from 8 am to 5 pm. However, we need to ask people to register to come to the event because we do have a limited amount of spaces available. And we are putting together a flier that I will be sending out to folks hopefully by the end of the day today and if any of you who are caregivers are interested or you know, people who may be interested in attending we want to ask you to please share the information. We've made arrangements to have ASL interpreters, as well as Spanish interpreters present to assist members who may need that level of support in order to attend.

**Women's Studies:** It is mainly for parents that are caregivers or is this for agency caregivers?

**Leah Gibbs:** It can be for either, the point being it's for people who are caregivers to people with IDD. And they need to be able to come for the day. We've asked our support coordinators to work with members and families. That if there's a family that would like to attend that they can help make sure that we can provide respite or needed attendant care to support the members. So that that family member can attend

**Linda Mecham:** And where will it be held Leah?

**Leah Gibbs:** It's going to be at the Desert Willow Conference Center. It's kind of an East Phoenix. It's near it's off, 48th street and Cotton Center Boulevard.

**Linda Mecham:** East Valley. That's

**Leah Gibbs:** East Phoenix. I said East Phoenix. It's in Phoenix.

**Linda Mecham:** Okay, what's the address.



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

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

**Leah Gibbs:** Yes, it's 4340 East Cotton Center Boulevard in Phoenix.

**Leah Gibbs:** That again Linda we can't have people just show up. I need to have them register, okay.

**Linda Mecham:** I know. Yeah, no, no, you know I'm just writing it down just but where is it?

**Leah Gibbs:** Sure.

**Linda Mecham:** And I can kind of give them an address.

**Leah Gibbs:** Absolutely. So...

**Linda Mecham:** How do they register?

**Leah Gibbs:** If you go to the DDD web page and you open the Web page, and you scroll down under on the first page, there is a link to the self-care conference and right on that page is a link to register. And as I said, I'll be emailing out fliers that will have a link on the flier for people to be able to register as well.

**Women's Studies:** So are you going to send it to all of us?

**Linda Mecham:** Thank you.

**Leah Gibbs:** Yes, ma'am. It's being translated in Spanish, so I've been kind of a little slow getting that out, but it's coming.

**Linda Mecham:** Well, thank you for that. That's great, that's great, caregivers need it. So All right.

**Leah Gibbs:** We agree.

**Linda Mecham:** Anything else Leah that's it.

**Leah Gibbs:** I don't unless you have any questions.

**Linda Mecham:** I appreciate you coming on. Thank you very much,, I really appreciate it because you always Keep us up to date.

**Linda Mecham:** All right, Jeffrey. Go ahead.

**Jeffrey Yamamoto:** James, did you have anything?

**James Maio:** No, I don't have anything.

**01:35:00**

**Jeffrey Yamamoto:** Eva has her hand up.



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

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

**Women's Studies:** Okay, so last time James, you talked about, that you were doing a, Did you look at them people with head banging and biting And accidental injury and I noticed and under when I read the neglect, there were quite a few of those. And so I don't know if I irritated you but I wondered. I asked the question. If you were to put those into what you were looking for people that didn't go to the hospital.

**James Maio:** Yeah. So our medical, our QA medical director has identified members, who are banging their head and not, or getting bites, and not having medical attention and elevating that to allegations of neglect. Those are being looked at and we have had some feedback from vendors because there's a concern that they were not notified that we had a change in procedure on how we're looking at those incidents. And I think that's being looked at by the QMU administrator. At this point.

**James Maio:** Does that answer your question?

**Women's Studies:** Thank you. Yeah because I saw him and so I asked that was the question. I asked what, you know, the guy elevated.

**James Maio:** Yeah, the concerns from the vendor community were that with no signs or symptoms specifically of additional injuries. So if a member, you know, bangs their head or bumps their head in an incident, but didn't show any signs or symptoms of an injury or a serious injury, that they were concerned that we were identifying that, as, as neglect. And so, I think there is a conversation going on about that. Currently, but there's no outcome, no outcome from it yet.

**Linda Mecham:** James. This is Linda and Patricia. You might, if Patricia's still on this Patricia's still on.

**James Maio:** She dropped off earlier, I think.

**Jeffrey Yamamoto:** No, she is still.

**James Maio:** Up, she's back.

**Linda Mecham:** So Patricia when we were doing PRC, the other day, you mentioned that there are going to be new protocols in place. Did I hear you correctly with regards to that to the head banging and the skin integrities is that going along with what James is talking about?

**Patricia Sandino:** It's possible, I just know that behavioral health was looking into it. I don't know what their interest was at that time, but there was something that they were working on. So, I'm not sure. What they're doing. I just know that they had an interest in regards to the head banging and skin picking behaviors.

**Linda Mecham:** So maybe it's not the same James because yours is more about reporting. Whereas hers is more about methodology and protocols, correct?

**James Maio:** Yeah, ours is more about vendors actually getting medical attention for members specifically who have those types of incidents. Or, you know, making sure that it's thoroughly documented as to the





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

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

reason why maybe they didn't get it. Because right now any ambiguity in it is what is elevating it up to an allegation of neglect?

**Linda Mecham:** Okay, all right. Okay, thank you. James. And Patricia both, that's great.

**James Maio:** And then I don't know if you guys saw but there was an announcement for our new reporting form which I believe you guys were involved in developing. Being implemented, I believe May 1st. And some vendors are already actually utilizing it. So,

**Linda Mecham:** How do they like it? What's that? Because I heard I only heard negative responses. Especially with regards to the length. But then I started looking. I thought Well, this is information. You have to fill out anyway.

**James Maio:** Well, I do think that the length is because there are three specific areas that, you know, and that but they're they're expandable, you know, so that you can expand it for each of the sections so it's not always whatever 12 pages long. But I also think that the real test will be when we're going to be looking at moving to and entering incidents into the AHCCCS portal and AHCCCS has changed their system. So it goes along with the questions that are being asked

**01:40:00**

**James Maio:** So, we'll definitely see the difference. I think, when we start entering it directly into the portal and we're just getting ready to start the testing phases for that.,

**Linda Mecham:** Will still have access to it, correct?

**James Maio:** I believe. Yeah. Yes, they do have a procedure for sharing incidents with the IOC.

**Linda Mecham:** What about the summary report that we've been getting? Which is You know, not like it was back in the old days, just that. So it's not, is it gonna be the way the agency submitted it? Word for word or is it going to be a summary of what someone thinks the agency submitted?

**James Maio:** So just so you know we have not been doing summaries for quite some time now, we've been entering word for word exactly how it is and in the report sent by the vendor, we just cut and pasted their verbiage directly out of their reports right into IMS.

**Linda Mecham:** Okay. Okay.

**James Maio:** So I believe, I just, I sat through the AHCCCS presentation on their system and their system as well will show you exactly what's in this, what's been entered into the system. So it should be very similar to ours except they have some again, they're set up. I haven't seen the add-ons, but it's supposed to be not just a description but then all of those questions being answered that are on the incident report. So you know, all those little, Yes, no questions. We'll all be there as well. I'm I haven't seen though that that would be available



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

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

to you, but I don't see why it wouldn't be because it looked like on the presentation that they showed me, everything that was entered was pretty much available to IOC.

**Linda Mecham:** Fredeaka. Do you have anything to add to this?

**Linda Mecham:** you're on mute. She's on mute, right?

**Jeffrey Yamamoto:** She is.

**Linda Mecham:** Okay, maybe she stepped away. Well. So, just to let everybody know with regards to this new incident report, this is something that we IOC. Karen was leading the charge with this, with regards to the incident reports, not being, you know, not having enough information with the antecedents, the precursors, all of that and I would like to say that we were very helpful in with Ginny Roundtree and everybody else that worked on it to get it the way. So that we have the information in there that we like to see. So I think I appreciate what DDDD did as far as getting out there. Carol, do you have something?

**Linda Mecham:** Carol. Did you have something? Yes or no. Okay,...

**Carol McNulty:** No, I didn't.

**Linda Mecham:** I thought you're trying to talk, okay?

**Linda Mecham:** Okay, so thank you, James and Patricia for that Jeffrey.

**Jeffrey Yamamoto:** Patricia. Did you have anything that you needed to add?

**Patricia Sandino:** Oh no, not right now. Except the volunteer celebration is coming up on April, 14. I just wanted to remind everyone of that event.

**Linda Mecham:** I thought it was the 18th. Okay.

**Patricia Sandino:** I mean the 18, I'm sorry. So did everyone get an invitation?

**Curiosity Carolyn:** This is Carolyn, I think I got something that said the 14th.

**Patricia Sandino:** Yeah, I think it is the 14. That's what I thought. I'm going to, I'm going to bring it up. Hold on.

**Joan McQuade:** Hi, this is Joan. Yes, it is on April 14th. It's on a Friday. Oh no.

**Linda Mecham:** I have an email that said April 18.

**Leah Gibbs:** No Joan.

**Joan McQuade:** I'm sorry. No, I'm looking at the wrong thing.



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

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

**Leah Gibbs:** That's it's Yeah, it's Tuesday. The 18th.

**Joan McQuade:** Tuesday, the 18th. Sorry.

**Linda Mecham:** Yeah.

**Curiosity Carolyn:** You guys might want to send a clarification because I'm pretty sure I got a printed, I mean, I got an attachment that said, the 14th

**Leah Gibbs:** Can you please Joan reach out through Barb to Liz and see what's been published?

**Joan McQuade:** I will check on that.

**01:45:00**

**Linda Mecham:** there's been quite a bit of confusion with the people I've talked to, so

**Curiosity Carolyn:** Yeah.

**Women's Studies:** So, the biggest problem is when you RSVP, then they tell you have to be there by 10:30. And they should have the right date on it when you RSVP.

**Linda Mecham:** Okay, Jeffrey next.

**Jeffrey Yamamoto:** Joan, did you have anything?

**Joan McQuade:** We we're currently fully staffed and up to speed on redactions and have no backlog. So you should be seeing that things are pretty current when you're getting them.

**Linda Mecham:** Thank you.

**Jeffrey Yamamoto:** Let's go to Larry. Do you have anything?

**Lawrence Allen:** Hello, how are y'all today? I do have a couple updates regarding the conflict of interest forms that I sent out in Google a week or so ago. Any questions on that?

**Lawrence Allen:** I received a couple. From the committee. So thank you very much. And if I could get those within the next 30 days, that would be wonderful.

**Linda Mecham:** Larry. You mean we have to send. Wait what? Okay, so I do have a question...

**Lawrence Allen:** Yeah.

**Linda Mecham:** then because we're supposed to fill it out if we don't have a conflict of interest



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

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

**Lawrence Allen:** Right. I know I shouldn't have attached that one form because it did cause confusion. I can tell the one form that I need back from the committee member is a "disclosure of interest form".

**Linda Mecham:** Disclosure of interest, alright?

**Lawrence Allen:** Yes.

**Linda Mecham:** Would you mind sending that out again? Sorry.

**Lawrence Allen:** I will. Oh no. No, that's no problem. I will send that out this morning. And then there's going to be another form, there's a "conflict of interest" form that will be circulated monthly with your agenda. So if you should have a conflict that comes up on your agenda, then you need to fill that form out and send it to me and to Jeffrey. So, we can keep that on file. And then at that point, at the meeting, when you ask, if there's a conflict of interest, then at that point in time, that particular committee member would say, Yes, I do have a conflict and they would state why?

**Linda Mecham:** Okay, I didn't realize there were two forms. All right?

**Lawrence Allen:** Yeah, so it's kind of two-headed. Yeah, so I'll send out a clarifying email to that along with the form I need.

**Linda Mecham:** Okay.

**Lawrence Allen:** And I do have an answer for you on your last question you had, which was a very good question by the way and it took me quite a while to find the answer to it, but it's regarding whether if the person recuses himself for a conflict, and you lose quorum. Correct, and you're unable to vote. Now if you do have a, if you're at so you have ten members in your committee and you have eight people show or five people show and you're right at quorum. Then what would you would need to do as you would need to have you would need the table that till next meeting? okay, so you have a fuller quorum that way and when that person recuses himself and you would still have quorum, then you can move on. Now, the caveat to that is if you're deadlocked and you have five people in your meeting and your committee and you have five people there and you recuse yours and you're locked, right? And you're unable to move forward and you can move forward on that. But they do have to disclose why? Okay? Which they do up front of the meeting as well. There's actually a statute that addresses that very same question. Um, and I'll tell you the number of it and I will send it out to the committee so you'll have a future reference but it's ARS-38-508. And I will touch base a little bit about what it's called. It's called the Rule of Impossibility. so, "The rule of the possibility, may not be invoked. If merely a quorum of the public body is present and unable to act because of all the conflicts, and those cases the public agency must reconvene to take up the matter. When all the members are present". So it's actually not an open meeting law. Issue. It's actually something that the Attorney General has addressed And I will get that back out to you guys so you can have that for future reference, but that was a very good question. You had and it did stump quite a bit of people. Questions. Okay, kudos to you.



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

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

01:50:00

**Linda Mecham:** You know we're always causing trouble, right? Any...

**Lawrence Allen:** That's right.

**Linda Mecham:** Any IOC? Not just District Central, right? Eva you have a question.

**Women's Studies:** Could you send out again how to access the minutes? Again, the link because I went trying to figure out how to go to that ADOA site and I just could not find the minutes. And so if you could send that link out again, maybe I can pin it so I can read the minutes.

**Lawrence Allen:** Sure. If you have, if you have a few seconds, I can share my screen and walk you through it. If you like Would that be beneficial for the group?

**Women's Studies:** Okay, go ahead. Okay.

**Lawrence Allen:** Okay. Okay, hold on one second. Let me present my screen here.

**Jeffrey Yamamoto:** Also Eva. I did just send you the link as well as last month's Minutes. I did CC Linda on that too.

**Women's Studies:** Yeah, I read Linda's Email link.

**Linda Mecham:** It was pleasant, right?

**Lawrence Allen:** Can y'all see this? Okay?

**Linda Mecham:** Yep.

**Lawrence Allen:** Okay. I'm gonna get my cheaters on, it's too small for me. Put on say,

**Lawrence Allen:** Okay, so if you go to your so go to meetings, when you go into the IOC website, if you click on Meetings, And you go to. DDD.

**Lawrence Allen:** Will bring up the DDD landing page on the website. Scroll down a little bit and you'll see committee meetings. They are DDD central right there on top. Okay, so this is where your agendas are loaded and your minutes are loaded and this little quadrant here. Okay, so if you want to go back and research further minutes, just hit this the one to two, three. Four, and it just kind of goes backwards throughout the year. Any questions there?

**Linda Mecham:** When I did our annual report last year, that's what I did. I got the minutes from each month and then copy-pasted it according to the subject that we discussed and then wrote up the report from that.

**Lawrence Allen:** Okay, now to answer Eva's question directly,...



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

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

**Lawrence Allen:** if you go to you, click on the The title of the, Oh, that's about. That's today's meeting. So if I click on that, It'll bring up the agenda.then it'll bring up the minutes. So, if Put my mouse right over the day. Click on it. Then it will pull up the meeting minutes. Then you just scroll down and read at your leisure.

**Women's Studies:** So you put in Arizona, Independent Oversight Committee and that'll pop up on this site.

**Lawrence Allen:** Correct on the addresses, IOC.AZ.Gov And I'll put the website in the chat for the group too so you can have it.

**Women's Studies:** Oh, thanks.

**Linda Mecham:** Either Eva, I have a feeling I'll send it to you too.

**Lawrence Allen:** You're welcome. so,

**Linda Mecham:** For how I get to it. Brings me right to that page.

**Lawrence Allen:** So that addresses the meetings and the minutes and where they're located the agendas, if you scroll down a little bit farther, then it tells you the makeup of your committee Okay, who's here? Who's active? And then annual reports, your guidelines. And your annual reports are located here as well down at the bottom. I need to figure out why last year's reports are not showing. That's something I'm trying to work through now. But so that's how you really kind of navigate the IOC website resources, You can go into training. Click on that. That brings up open meeting laws, slide slides that were done. A link to the Ombudsman's office. For open meeting law and conflict of interest statements, that sort of thing. This is regarding the AHCCCS QM portal. eventually that you guys will be using So, these are just various training that we've loaded on there. So committee members can go back and look at what has been done.

**01:55:00**

**Women's Studies:** So we're going to have to access the IOC of the IRs in a different way.

**Lawrence Allen:** Yes, down in the future. Yes, ma'am, you will.

**Women's Studies:** And they're going to train us on how to get that. To get to the closed IRs and all that other stuff.

**Lawrence Allen:** Yes.

**Lawrence Allen:** Yep. Are there any other questions on the website? Then feel free to go. If you want to go look at ASH's meeting minutes, you can go to click on ASH Meeting minutes DHS. You can look at the February 16th meeting.

**Lawrence Allen:** Where Mike Sheldon, who is the CEO of ASH has been attending the meetings and I believe he did at the February meeting of this year. He does address some of the DDD members in that committee



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

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

meeting so feel free to go back in and look and reread those minutes.: Again, it tells you to make up all the committees where to find that annual reports and the guidelines.

**Linda Mecham:** So regarding ASH, do they discuss the DDD members? Or just a one-time thing.

**Lawrence Allen:** That was just the one-time thing I believe. I forgot how it came up regarding the meeting but it was being a director Sheldon, Mike Sheldon has addressed that with Mercy Care.

**Linda Mecham:** Okay.

**Lawrence Allen:** I believe. Mercy Care is a RHBA that oversees ASH. And so that is being actively discussed and has been talked about Now. so, but I think you're on the right path on asking the question.

**Linda Mecham:** Okay, thank you. I might join as a member of the public. Go to one of their meetings.

**Lawrence Allen:** Yeah, so yeah.

**Linda Mecham:** Yeah. I know she did invite me. Invite The invitation was extended at one point quite a while ago but anyway, okay.

**Lawrence Allen:** Yeah, we meet every third, we meet every third Thursday. Just FYI at 6 pm.

**Linda Mecham:** All right. Okay, thanks. Jeffrey.

**Jeffrey Yamamoto:** And I believe we just have Dawn McReynolds.

**Dawn McReynolds UHC OIFA:** Hi everybody. This is Dawn. I have no report, have a great day.

**Jeffrey Yamamoto:** I'm sorry. Actually Vera is here too.

**Linda Mecham:** Thank you, Dawn.

**+1 480-\*\*\*-\*\*17:** And I have no updates from mercy care.

**Linda Mecham:** Vera, can you address what Larry just brought up with regards to the talks with ASH and the DDD members?

**Linda Mecham:** Or do you know?

**+1 480-\*\*\*-\*\*17:** I would have to. I don't, I'm not aware of that, I'm not involved in that so I would have to check with the internal folks to see who's involved in that to get some updates.

**Linda Mecham:** Okay. All right.

**Linda Mecham:** Thank you, ma'am.



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

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

**Jeffrey Yamamoto:** I do believe that's everybody who is on the agenda.

**Linda Mecham:** Is, is Fredreaka on? Or did she hang up?

**Fredreaka Graham:** Here. Yes. I don't have any updates, unless you guys have questions for me.

**Linda Mecham:** Well, we had one a little bit earlier, I think you are made. It was regarding the wasn't the billing. You guys.

**Linda Mecham:** The billing and AHCCCS. Oh no,...the incident reports. That was what it was. With regards to. I'm sorry.

**Fredreaka Graham:** Are you referring to the QM portal?

**Linda Mecham:** How we get, how the IIOCs will be able to read the incident reports once they go into the AHCCCS portal.

**Fredreaka Graham:** Yeah so you all will eventually get access. I don't know if it's done yet on your end and I haven't been a part of the meetings between DDD and AHCCCS and regards to that but when it does kick off, I will be able to present to you and access to getting into the QM portal, by way of just completing a confidentiality agreement and then you guys will have to create a username in that sort of thing, and then you'll be able to have access to your region. So DDD Central will have access to all of their reports that are submitted

**02:00:00**

**Fredreaka Graham:** Into the portal. So, once I have the information and the go-ahead that you guys are ready to go, then I can send you guys out the training link for that, and I'll just, I mean, again, I'll need to be a part of one of the meetings at some points that I know exactly what you're all looks like because I do believe, it's gonna look a little bit different from the AHCCCS IOCs just based off of the information that DDD has requested to be seen. So that's information that I have on that but I don't know when that's gonna take place.

**Linda Mecham:** So will it still be a Google Docs format or No?

**Fredreaka Graham:** They for what they look like now is a PDF format. So they are uploaded into the portal and you open it like a PDF file would look.

**Linda Mecham:** With what? I'm sorry.

**Fredreaka Graham:** Like a PDF file. So how a PDF file looks. That's what the documents generally look like.

**Linda Mecham:** Okay. Okay.

**Women's Studies:** And will they be open and closed?





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

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

**Fredreaka Graham:** What do you mean by open and close? I'm not sure what you mean by that.

**Women's Studies:** Well right now, DDD has files that are open and then they have files that are closed. And I only read the closed ones and not the open ones. So how are they going to be opened and closed in the system are not

**Fredreaka Graham:** That information I would not have that's going to be something that the DDD team. And whoever is responsible on the AHCCCS team has come up with. That will be something that developers create. So that's out of my scope. It's something that, you know, I'm not sure again who the person at DDD is that would have that information. But on my end, when the reports are uploaded, it will be uploaded for IOC review. So, you know, now if that means you guys are uploading, are you guys reviewing them? Open versus closed. I'm not sure how that works now. But on the AHCCCS side, they are viewing reports that have been closed.

**Linda Mecham:** Okay.

**Linda Mecham:** So Fredreaka, I have another question as well with regards to the billing.

**Fredreaka Graham:** Sure.

**Linda Mecham:** Is AHCCCS interested in knowing how that's proceeding or is that something just totally away from AHCCCS and and just DDD involved or DES/DDD involved.

**Fredreaka Graham:** That is out of my scope. I'm I would I have no idea of that I can reach out to my leadership to get the subject matter expert involved in that question because that's not something that I would be able to speak to

**Linda Mecham:** My only, and Leah I see your hand, but my only concern is that it does affect at some point along the way. What is in the members account, which affects the eligibility? So that was why I was wondering about just, you know, if AHCCCS might be interested in knowing how that's proceeding. Leah.

**Leah Gibbs:** I just wanted to let you know Linda that residential billing is a state service. It's not a long-term care service and so just it's kind of that state funding portion. Just to Let you know.

**Linda Mecham:** So, it doesn't have anything to do with.

**Leah Gibbs:** Generally other than the part that you already said the impact about the member and eligibility and being over-resourced. However, it's not really part of the AHCCCS relationship with DDD over long-term care services.

**Linda Mecham:** Just only insofar as it affects their eligibility, right? Yeah. Joan.

**Leah Gibbs:** It could, right if they are over-resourced.



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

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

**Joan McQuade:** I just wanted to let you know, I already received a response from Liz. Perez the volunteer coordinator No. She apologized for the date confusion. There was an updated invite that was sent out. And as far as the arrival time 10:30 is the check-in, but people can arrive whenever they would like

**Linda Mecham:** So what's the date?

**Patricia Sandino:** It is the 18th, right?

**Joan McQuade:** It's the 18th.

**Linda Mecham:** Okay. All right. Thank you, Joan.

**Linda Mecham:** All right. Thank you Fredreaka.

**Fredreaka Graham:** Sure.

**Linda Mecham:** And thank you for that clarification. Carol. Do you have a comment?

**02:05:00**

**Linda Mecham:** Carol, you're on mute. You have your hand raised.

**Carol McNulty:** Sorry, sorry I have a comment about eligibility for AHCCCS because, you know, billing. And it's. It's a credit of over \$11,000 so that concerns me. So, it does affect AHCCCS.

**Linda Mecham:** I agree.

**Linda Mecham:** I think the reason Fredreaka that I was just asking is because maybe and I don't know how AHCCCS is doing with regards to checking the statements and and going over billing, especially over-resource Especially during Covid. I know that they were pretty lenient with that, but I heard they're cracking down again. But I think that To Carol's point and to all of our points actually that it's through no fault of the members' actions that they are. Over-resourced it would be because of the billing. And so it kind of puts the member in between AHCCCS and eligibility and **DDD** and correct billing. So I, you know, maybe if AHCCCS were just aware of the fact, That we are having these issues with getting the billing result that this IOC has an issue and that it does affect AHCCCS and all tax eligibility.

**Fredreaka Graham:** Okay, um, if you guys would like to, because again I you know, I apologize, I'm just I'm not privy to any of that information, but if you guys would like to kind of like send a statement or your concern to me, or through Jeffrey to me, I'd be happy to take it back to leadership and one to see if they want or aware of it and two, if they have any response and provide it back because I just I can't speak to any of it. I don't have any of that information, but I do hear what you're saying and so I like to be able to to work through that. But I would need just you know and you guys can send something so that I get what it is you're looking for and get your words right and that sort of thing, I don't want to try to word it myself because I'm just not privy to it. So if you guys are willing to do that, I'd be happy to take it back.



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

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

**Linda Mecham:** Okay, I wasn't trying to get answers out of you today. I was just trying to bring it to your attention. I, you know, it was just something I thought of. Is this something that you guys do because I do? It's important, like Carol has said, so we can put together a statement that goes along with the motion that we are getting ready to send again. How's that?

**Fredreaka Graham:** Sounds good. Thanks so much Linda.

**Linda Mecham:** Thank you. Do we have to have a motion for that Larry or Jeffrey?

**Jeffrey Yamamoto:** I don't think so.

**Linda Mecham:** To include AHCCCS on the To include AHCCCS on the motion.

**Jeffrey Yamamoto:** I don't think you need to, you've already made a motion for the committee, and it was already carried. Who it's going to, I think it is not necessarily part of that.

**Linda Mecham:** Okay, that's right.

**Lawrence Allen:** I agree.

**Linda Mecham:** I just wanted to make sure that We were doing it the right way, that's all okay. Is there anybody else that we haven't?

**Jeffrey Yamamoto:** No, I think you can go to Number 10 now.

**Roundtable from members for next meeting agenda**

**Linda Mecham:** Okay, the Round table for agenda items. For next time.

**Linda Mecham:** I know we want Carolyn and Eva's. Eva, go ahead.

**Women's Studies:** I Becky has a doctor's appointment, so I have to go. So Carolyn can talk about the death stuff but You know, everybody insisted on getting all these early notifications so we can discuss some before they become policy. And one of them that, that one of the issues is 1240-E the habilitation services and the day treatment services because this was brought up at one of our IOC meetings because people were unhappy that when they exited out of school that they couldn't go into the day program, because they had to go into competitive integrated employment, or at least considerate. And this policy is what's addressing that issue. Um, So part of what it is is the support coordinator shall consider the members ability to gain competitive integrative employment as part of the employment first initiative prior to assessing for the day treatment services. So when and I read the...

02:10:00



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

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

**Women's Studies:** the caveat was upon the age of 16 transition plans may be individually developed and may permit the inclusion into services, with adults with the consent from the members responsible person, and be the transition plan, and concept may be available to the division upon request. So, somewhere along the line. You know, because parents don't seem to don't like to have DDD involved in their IEPs, and transition plans, and all this other stuff. But on the same token, when they exited school, The support coordinator needs to assess the employment issue before they can go into the day program. So I don't know how we can put it in, but in some way, support coordinators need to, if they're in school and have 90 day meetings. And so when the kid turns 16, The support coordinator needs to talk to the parents that they need. The support coordinator should be included in the transition plan, or they're going to have this issue when they exited school.

**Linda Mecham:** Correct. All of that's correct. Mandy, you've got your hand raised.

**Mandy Harman:** Question. Just because I know this affects me. But, because I mean, I've been able to participate a lot more because we've been able to do the virtual meetings and I know that soon probably people are gonna want to go back to the office or whatever, but I just need to know, like whatever plans are for that because very quickly, I have Things to take care of during the meeting time. So, I'm able to do it. That was just. A topic of discussion for me and I didn't know if we had discussed it as a group yet or whatever.

**Linda Mecham:** Thank you, Mandy. That's a great question, Jeffrey.

**Jeffrey Yamamoto:** Thank you. Mandy, just real quick, so we don't necessarily need to bring this up as a topic for next time but we can as far as meetings are concerned. But we will always have a virtual format for any member who wants to participate that way. So even if the committee decides to go to the office, there will always be a virtual format available.

**Mandy Harman:** Okay. That is what I wanted to know but because I like participating I just find it's really hard whenever other medical things to do.

**Linda Mecham:** Well, Mandy, I for one, enjoy. Having you on the committee, you've always got great ideas and this is and I'm glad you brought it up because, you know, I've thought about it from time to time and we will bring it up in our next meeting as an agenda and vote on how we want to proceed. So but thank you for that, okay?

**Mandy Harman:** Yes. Personally, This is just my opinion but I think we do better when we're like this because we have to give everybody the opportunity to speak. And before everyone we used to like to talk over each other all of the time.

**Linda Mecham:** You're exactly right. I mean we're not down at either end of the table like we used to be with those little conversations going on and then Karen trying to conduct a meeting over all of us. I mean she was herding cats let's admit it. So anyway. All right so we will put that on the agenda for next time. Thank



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

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

you. And then Back to the policy that you were discussing. Eva this has been something that's been going now, and maybe, is Leah still on? Did she get off? Okay, good 1240,...

**02:15:00**

**Leah Gibbs:** I'm here.

**Linda Mecham:** This is something that's been going on for a while. I thought as far as having to go through the GSE or HABILITATION prior to being placed into a DTA format. The only issue. So is this the policy that's related to those rumors? That we're going around.

**Leah Gibbs:** Clarify, which rumors please.

**Linda Mecham:** That you can't just automatically go into a DTA. You have to go through GSE or HABILITATION to see if you qualify for that first. Before you go to a DTA.

**Leah Gibbs:** I, Wish I were just a little bit more informed to give you a definitive answer on this. I am more than happy to look into it.

**Linda Mecham:** Okay. Well the policy though, we have to have our comment in. So if you can look into it and get back to there, here's my concern with regards to this and thank you Eva for bringing up personally That Qualification period, if you will. Between graduation and going into a dta because generally they don't qualify, I would say for him. Well, okay, I'm not gonna say that if they qualify for HABILITATION or GTA. That timing to get the testing done and take up to 18 months. And so what does the member do? In between you're saying, no Leah. That doesn't happen.

**Leah Gibbs:** Shaking my head in that if that, that may be very important feedback for the committee to give to policy around it,...

**Linda Mecham:** Okay. Okay.

**Leah Gibbs:** okay? I was just trying to go into that.

**Linda Mecham:** All right.

**Leah Gibbs:** That's one. That's open for public comment right now. Okay.

**Linda Mecham:** I think it closes.

**Women's Studies:** It's, it's an early notification.

**Linda Mecham:** Yeah. So that it's open for policy. Yes. Or it's open. It's 1240 E.

**Leah Gibbs:** 1240 J is open,...



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

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

**Women's Studies:** So, it's

**Leah Gibbs:** employment services.

**Women's Studies:** No, it's not. It's a habilitation. So I copied it down for the early notification policy. 12 480-E Habilitation Services and Day Treatment Services.

**Leah Gibbs:** Okay, I can tell you that I've just gone to our website, about what's open for comment and it's not on there, So well,...

**Women's Studies:** Okay, so it was closed.

**Leah Gibbs:** Let me scroll down and look and see if it's closed.

**Linda Mecham:** Well, it might not be open to the public yet,...

**Women's Studies:** Or maybe they removed it.

**Linda Mecham:** We get that 60, you know, the 30 days prior.

**Leah Gibbs:** You might be correct Linda, it might be advanced for public notice.

**Linda Mecham:** Yeah. Yeah. It just hasn't, it just hasn't come out yet.

**Leah Gibbs:** But if the committee feels that it is unclear or inappropriate or there's too long of a lag period, I highly recommend responding with that information so they can go back to the policy committee.

**Women's Studies:** Okay, no. while the other issue is, The part of why this, you know, this early notification policy is because the day treatment center, it really changes. this goes all the way back to when they, Almost ten years ago now, I can't remember what it is. But anyway, because now they have the Great Treatment Center, they have five things so that now the day treatments have to be in the community. They have to offer opportunities for interaction with community members, and they have to include opportunities to learn about volunteer work in the community and referrals to prepare and support volunteer work and support, and facilitate social, recreational, skill building and community-based activities. That do not regiment individual initiatives, autonomy independence, and making life choices, including but not limited to daily activities, physical environment, and with whom to interact, so,

**02:20:00**

**Leah Gibbs:** And Eva if I could offer to you that much of that language. Sounds like it came out of the home and community-based service rules associated from Medicare and Medicaid. Thank you.

**Women's Studies:** Yes. So I'm just letting the community know that things are really going to change. But on the same token, the business with the competitive employment is I guess what I'm asking Leah is, is there



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

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

anyway, I don't know how to word it. To make sure that when they have their 90-day meeting once the child turns 16 that they make sure that the parents understand that, the support coordinator should be included in the transition plan, because if the transition plan has the vision of employment versus a day program, when they exited, then it should not have to be possible because the support coordinate has already assessed the need for competitive employment, you know what I mean?

**Linda Mecham:** Eva, I get, I get this. Okay. And let's okay. So it won't. Yeah. It won't be too late for public comment by our next meeting. So let's discuss this. We'll put it on the agenda. I didn't realize we're going to have a big discussion about it but let's put it on the agenda for next time. Come prepared with your statements written out how you want a motion to read or how you want IOC to respond to that, okay? And I'll do this with my issues, so,

**Women's Studies:** it's it can I talk to Leah about it because the issue

**Linda Mecham:** It's not on the, it's not on the agenda. So

**Women's Studies:** Not now, but can I email you Leah to figure out how to do this because it really involves the support coordinators talking to the parents.

**Linda Mecham:** Talk to me. Is that better, Leah.

**Leah Gibbs:** Probably because I think that from a committee you're going to want to have a global response so that it can go back because it's not just me either it's it's support coordination, it's network it's it's a lot of different impacts.

**Women's Studies:** but this problem is

**Linda Mecham:** Eva, No, no, let's stop right now. Here's my phone number. I want you to write it down and I want you to call me, okay? 602 (edited out)

**Linda Mecham:** So just give me a call. We're leaving Thursday, we'll be out of town till Sunday and then the following week we're leaving for another week. So, but I'll have my cell, I'll have my cell phone with me and we can chat. Okay. Okay,...

**Women's Studies:** Okay.

**Linda Mecham:** thank you everybody

**Women's Studies:** Right, besides I need to go into executive session. because you wouldn't talk about it, how to

**Linda Mecham:** Do we have anything else on for the Round Table? Before we go into executive anything for Meetings next for agenda next month.



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

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

**Linda Mecham:** For sure, we want to talk about the billing, right?

**Carol McNulty:** Yes. Yes. Hopefully, we'll have an answer from Zane.

**Linda Mecham:** Okay. And I'll do a statewide update. Well, as you think of things,...

**Linda Mecham:** Excuse me, if you think of things throughout the month, Send me an email because I have a little, I have a running list that I keep except I didn't this month. I was struggling, but just send me an email of what you want on the agenda. That way, we can make sure that we have plenty of time for it and we're going long. So,

**Linda Mecham:** Lisa, with regards to your friend. Is she going to join or not?

**+1 480-\*\*\*-\*\*23:** I am not sure I need to touch base with her because I know that this um we've it's end-of-year crunch time. So I need to touch base over again. I'll keep you.

**Linda Mecham:** All right, just keep us updated on that, right? Okay,...

**+1 480-\*\*\*-\*\*23:** I'll keep you in the loop. Thanks.

**Linda Mecham:** Thank you. And do we have a motion to go? Do we close this meeting? Jeffrey. To go into.

**Jeffrey Yamamoto:** No, you need to do a motion for entering the executive and then out of executive, you can make a double motion to leave both executive and public, if you don't are not planning on doing any voting

**Linda Mecham:** Okay. All right. So I want everybody to know who's not directly involved with going into our executive session, how? Much I appreciate your time and spending the morning with us. Thank you so much. I appreciate it and wish you well the rest of the day. Thank you.

**02:25:00**

**Fredreaka Graham:** Thanks.

**Dawn McReynolds UHC OIFA:** Thank you. Have a good day.

**Motion to Go into Executive Session**

**Linda Mecham:** Do we have a motion to go into executive?

**Women's Studies:** Eva makes the motion to go to executive session.

**Linda Mecham:** Second.

**Carol McNulty:** I second.





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

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

Linda Mecham: Have to do a verbal vote.

Jeffrey Yamamoto: You can just do an all “aye” for right now.

Linda Mecham: Okay, I all in favor.

***All of the attending members voted “aye”***

Jeffrey Yamamoto: Any opposed.

***No members Opposed.***

Linda Mecham: All right, so Jeffrey we're clear everybody that's needed to be on Michelle.

Jeffrey Yamamoto: Not yet. I do need to stop the recording.

Jeffrey Yamamoto: And so I can record the next session.

Linda Mecham: Is Michelle still on?

Michelle Rademacher: Yes.

Jeffrey Yamamoto: Hold on, just a second.

**Public Meeting ended & Motion to go to Executive Session after 02:26:18 🙌**

Linda Mecham: All right, we need a motion to leave the Executive Session and to close our meeting.

Carol McNulty: I'm making a motion to leave the executive session and our regular meeting.

Linda Mecham: any second.

Mandy Harman: I'll second.

Linda Mecham: Thanks, Mandy, all in favor.

***The committee members attending all said “aye”***

Linda Mecham: The “ayes” and any opposed. **(none opposed)** Okay, Jeffrey that. I think that's it. It is 1:11 pm March 27, 2023. And this meeting is adjourned.

Jeffrey Yamamoto: Your next meeting is on the 24th of April.

**Executive Meeting ended after 00:42:15 🙌**



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

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

**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

<b>Type</b>	Open	Closed
Accidental Injury	2	116
Consumer missing	0	3
Deaths	3	8
Emergency Measures	0	15
Human Rights	5	5
Legal	2	7
Medication Errors	1	35
Neglect	30	34
Other Abuse	12	16
Other-Behavior	0	191
Other -Injury unknown	2	114
Physical Abuse	4	11
Property Damage	0	0
Suicide	0	2
<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 1:11 PM**

The next District Central IOC meeting will be held on April 24th, 2023, at 10:00am in the same virtual format.