Division of Developmental Disabilities (DDD)
District East Independent Oversight Committee (IOC)
Public Meeting Minutes Summary
Wednesday, March 8th, 2023 – 5:00 PM to 7:00 PM

Call to Order

This meeting is being held virtually due to the Public Health Emergency.

Meeting called to order by Committee Vice-Chair, **Sarah McGovern**. The date was March 8th, 2023, at 5:03 pm. The address of the meeting was Virtual, no physical address.

Welcome and Introductions

Attendance in Person: **None This meeting was virtual due to Public Health Emergency.**
Attendance by Google Meets unless otherwise noted:

- **Sarah McGovern (Vice-chair)**
- **Kin Counts**
- **Rebekah Gigliotti**
- **Teresa Brooks**
- **Elizabeth (Beth) Bird**

Absent:

- **Aimee Griffith-Johnson**
- **Suzanne Hessman, (Chair)**
- **Yolanda Huynh**
- **Tonia Schultz (non-voting member)**

Public in Attendance:**None**

Arizona Department of Administration (ADOA): **None**

Arizona Health Care Cost Containment System (AHCCCS): **Fredreaka Graham**

Healthcare Plan Liaison: **Dawn McReynolds** (United HealthCare) **Vera Kramarchuk** (Mercy Care)(Phone 480-***-**17)

DDD staff and guests: **Trudy O'Connor** (District East Quality manager), **Jeffrey Yamamoto** (IOC Liaison), **Joan McQuade** (OIFA Supervisor) **Leah Gibbs** (DDD Bureau Chief)) **Dr. Christina Underwood** (DDD Medical Director), **James Maio** (District Central Quality manager) **Michelle Rademacher** (IOC Liaison)

The Committee, DDD, AHCCCS, UHC& Mercy Care Employees introduced themselves.

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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.

DDD District East IOC-Conference Call line (2023-03-08 17:03 GMT-7) - Transcript

Attendees

+1 480-***-**17(Vera Kramarchuk), Christina Underwood, Dawn McReynolds UHC OIFA, Fredreaka Graham, James Maio, Jeffrey Yamamoto, Joan McQuade, Kin Counts, Leah Gibbs, Michelle Rademacher, moo blarg(Elizabeth Bird), Rebekah Gigliotti, Sarah McGovern, Teresa Brooks, Trudy O'Connor

Transcript

Call to Order

Sarah McGovern: Okay. All right. So, this session of the Independent Oversight Committee is now called to order. Today's date is March 8th, 2023, and the time is 5 pm. And the first thing I need to ask is, "Do we have anyone that has to disclose a conflict of interest? If there is the committee member needs to disclose why?"

Sarah McGovern: Okay. All right, so Jeffrey. Do I go to a call to the public?

Call to Public

Sarah McGovern: If there is anybody from the public here, this evening.

Jeffrey Yamamoto: I am looking at all of the tiles and I do not show anybody from the public unless there is somebody from the public that is joined by another person who is on the line. It does not sound like it.

Welcome and Introductions

Sarah McGovern: Okay, thank you, Jeffrey. Then we're gonna go to welcome and introductions. So we'll start with the IOC committee and…

Sarah McGovern: I'm Sarah McGovern, Vice Chair, IOC East.

Jeffrey Yamamoto: So, Kin.

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Kin Counts: Good evening, everyone. This is Kin Counts. IOC member.

Jeffrey Yamamoto: All right. Beth.

moo blarg: This is Elizabeth Bird, a committee member.

Jeffrey Yamamoto: Rebekah.

Rebekah Gigliotti: this is Rebekah Gigliotti, a committee member.

Jeffrey Yamamoto: Teresa.

Teresa Brooks: Teresa Brooks Committee member.

Jeffrey Yamamoto: And did I miss any other committee members who are currently on?

Jeffrey Yamamoto: All right. Sarah, did you want me to announce DDD and guests?

Sarah McGovern: Yes, please, you know them a little better than I do.

Jeffrey Yamamoto: All right, we'll start with Leah.

Leah Gibbs announced herself as the Administrator for the Office of Individuals and Family Affairs.

Jeffrey Yamamoto: Thank you. Dr. Underwood

Christina Underwood: Yeah, good evening, everyone. I am Dr. Christina Underwood. And I am the medical director of the Behavioral Administration, Behavioral Health Administration with DDD. I am a psychiatrist by specialty and a child psychiatrist by subspecialty.

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

Joan McQuade: I am Joan McQuade manager Office of Individual and Family Affairs.

Jeffrey Yamamoto: Michelle.

Michelle Rademacher: Hello, I'm Michelle Rademacher DDD Independent Oversight Committee liaison for District North, District South, and District West

Jeffrey Yamamoto: Thank you. Trudy.

Trudy O'Connor introduced herself as the District East Quality Assurance manager.

Jeffrey Yamamoto: Thank you, James.

James Maio: James Maio. I'm the District Central Quality Assurance manager here to support Trudy.

Jeffrey Yamamoto: Did I miss anybody else as staff or executive from DDD?

Jeffrey Yamamoto: All right. Fredreaka.

Fredreaka Graham: Evening everyone. This is Fredreaka Graham. The IOC manager with AHCCCS

Jeffrey Yamamoto: Thank you. Vera.

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

Jeffrey Yamamoto: Thank you, Dawn.

Dawn McReynolds UHC OIFA: Good evening, everybody. This is Dawn McReynolds, *OIFA Administrator with United Health Care*

Jeffrey Yamamoto: Thank you. Did I miss anybody? Who is currently on this in this meeting? Okay, Sarah.

Sarah McGovern: Okay, we already did the call to the public so we're moving to DDD policy and or legislative issues. Jeffrey, my understanding is that that's something that Suzanne covers for us?

Jeffrey Yamamoto: Yes, it is. We will put that on the next agenda unless she comes on later in this meeting.

Sarah McGovern: Okay, thank you. So, we'll move to the DDD staff update.

Jeffrey Yamamoto: No, We have a revised one (agenda).

Sarah McGovern: We did? Pardon me.

Jeffrey Yamamoto: And that was the discussion on the ECT and DDD, With Leah Gibbs and…

00:05:00

Jeffrey Yamamoto: Dr. Underwood.

Discussion on the ECT and DDD with Leah Gibbs and Dr. Underwood

Sarah McGovern: Okay, I guess. I'm yeah, I must be about going off the old agenda. Apologize for that.

Leah Gibbs: No apology necessary, Sarah. Thank you. And I want to thank the committee for giving us an opportunity to have a dialogue this evening and Dr. Underwood for being there, for me, if you have questions that are certainly outside of my clinical expertise, What we would like to do tonight is, you are the first committee that I, we've had an opportunity to do outreach and just start a dialogue. The purpose of tonight is a dialogue, but what we'd like to do is share some information and if you could bear with me,

while I present it and then we would love to open it up for your thoughts and conversation. Does that work for the committee? Okay? All right. Thank you.

Leah Gibbs: So, what we would like to discuss today is a sensitive topic and we recognize that within the developmental disability and IDD community, it's about electroconvulsive therapy. Historically, it's been known as electroshock therapy. The governmental regulatory involvement in the use of electroconvulsive therapy has historically been prohibited for various reasons, including patient advocacy and prior abuse by the medical community of people with developmental disabilities. It has been contributed to heavy regulation as state administrative codes and legislation across the country. Not just in Arizona. So, the purpose of the dialogue today is to talk with you in consideration of possibly amending a statute. The statute is ARS 36 561. Through legal consultation, it was reported that the original language of the statute passed in 1978 and this legislation was passed in a larger piece of legislation, regarding individuals with developmental disabilities. The division believes the statute as it reads, is not reflecting current practice and was created to protect vulnerable populations from overuse, misuse, or abuse of non-evidence-based medical practices.

Leah Gibbs: The division believes that the current statute does not take into consideration. The current clinical indications based on research and best evidence-based practices and is currently considering proposing an amendment to the statute and presenting it to the state legislature for approval. Today the use of electroconvulsive therapy is permitted in certain circumstances and is a covered service under the AHCCCS Administration in Arizona. It's also currently a covered service by our DDD Health Plans, United Healthcare, and Mercy Care Plan. The statute itself, I want to read the language about how it's how it reads. It says that **"ARS 36-561: Prohibiting certain treatment or drugs use of aversive stimuli"** is the title of the statute. It says, **"No psychosurgery, insulin shock or electric shock treatment or experimental drugs shall be administered by the department to any client, nor shall the department license, approve or support any program or service, which uses such treatment or drugs"**. Secondly, it says the **"Department shall adopt rules and regulations specifying the aversive stimuli used for any developmental disabilities program or service provided directly to licensed and supervised by or supported by the department"** and it also says **"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 prior to implementing any modification to such rules and 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: And I'm sure you realize that this is language from the legislation. So, it doesn't refer to our members as DDD members.

00:10:00

Leah Gibbs: And it refers to our program plan as an individual program plan, instead of a person-centered service plan, that it means the same thing.

Leah Gibbs: So, let me keep going with some more information. Electroconvulsive therapy today. Electroconvulsive therapy is a medical treatment completed under anesthesia by a team of trained medical professionals. When the 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 their condition. Electroconvulsive therapy today is much different than it has been in the distant past and it's 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 refusal to eat. Another circumstance is people who may be diagnosed with catatonia. A condition in which a person can become increasingly agitated or unresponsive. Another time that is been in use as a treatment for resistant bipolar depression and mania. And the other example is schizophrenia. In fact, the first use of electroconvulsive therapy in psychiatry was in the treatment of schizophrenia. Based on clinical observations that persons with epilepsy and schizophrenia often had an improvement in symptoms and 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 of HealthCare Organizations JCAHO, that's what it stands for. A United States-based, nonprofit tax, exempt, organization that accredits US healthcare organizations and programs, The international branch accredits medical services around the world.

Leah Gibbs: So, from a division perspective at this point, despite the potential revision, the division still maintains its position, which is consistent with Article 9 that electroconvulsive therapy cannot be used as an 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 as a consequence to behavior. The division would like to consider the possibility of using electroconvulsive therapy when clinically indicated and when the least restrictive treatment options have been exhausted.

Leah Gibbs: So, I wrote just a little brief summary of what I shared and that is that today electroconvulsive therapy is currently a Medicaid-covered service that is evidence-based and is no longer performed in the manner in which it was in the past. Currently, DDD members who have exhausted all other treatment options are unable to access this option as a form of treatment. Other people in the state of Arizona who have these types of psychiatric disorders have access to this treatment option. However, this law restricts the option for people with intellectual and developmental disabilities that are eligible for our program today.

Leah Gibbs: I know that was a lot of information but mostly it was to set a groundwork to get your thoughts and your feedback. We'd like to know from an IOC perspective, Do you feel that consideration of amending the statute to allow under very specific circumstances? The use of electroconvulsive therapy, maybe something you would be able to join us in considering and I'd love to stop there for a moment. Allow for opportunities for your thoughts and feedback.

Leah Gibbs: Please go ahead Kin. Hi

00:15:00

Kin Counts: So, what is mainly just to alleviate the symptoms? I mean, what else is it going to help our members?

Leah Gibbs: What an outstanding question and it is exactly why Dr. Underwood is here to support me to answer that from a clinical perspective, Dr. Underwood

Kin Counts: Thank you.

Christina Underwood: So, in the case now again, again we're talking about, you know, treatment in cases of clinical indications. So, again, for when we consider for depression, meaning, that person has exhausted the least restrictive options for treatment of depression and failed. And in addition to the diagnosis that means that they are also basically have been impaired by the diagnosis, right? So, the meaning that can't stop to their abilities. Let's say they were working, but no longer can work. They're staying in bed pretty much a very severe, vegetative state. So, we're looking at also impairment of their ability to function as well. So then again, you know, that would be the based on the clinical recommendations of their provider considering they have exhausted other types of treatment and failed. So how it would they benefit from that? Certainly, ECT has been shown to be very effective in treatment over the course of a number of treatments. Now it's not just one treatment generally, it's a series of treatments but it is known to be effective in cases of severe resistant depression and all those other clinical indications that have been reported to you today.

Leah Gibbs: And then what happens Dr. Underwood does it mean that that person potentially gets back their life as they were living it prior to the episode?

Christina Underwood: yes, that is the hope, that again that they get back to, you know, being able to work, being able to socialize, being able to resume their baseline functioning. Now again, they still have to continue their antidepressants after the treatment but again they are able to function and resume their position in society.

Leah Gibbs: Thank you, Kin. Did that help?

Kin Counts: so, um, yes. So, Dr. Underwood. So, how often is it a series of treatments? You know, it's a series of sessions that they have to go to like three or four times. Or is it just once and then…

Christina Underwood: No, generally it's a course over weeks and you might have two to three sessions in a week's time but generally it's over, it might take like 12 or more sessions. So again, the number of sessions is going to be determined again on their responsiveness, but it is over course of time.

Kin Counts: So, it's not a cure. But rather is to just alleviate the symptoms, alleviate the symptoms so that they can have a point where it's called enriching their lifestyles. So that they can work.

Christina Underwood: Exactly. Optimizing. Yes, optimizing their ability to function. That's right.

Kin Counts: Thank you.

Christina Underwood: you're welcome.

Leah Gibbs: And Rebekah. Thank you for your patience. Please, go ahead.

Rebekah Gigliotti: Okay. so, I guess my question would be people that are in that catatonic state. But is there any research that, when research was done, clinically is done. What am I trying to say here? Help me. I can't even find words. Um, how many of the IF research was done to prove that this has there been research, that's done to prove that this works well in the intellectually disabled community because I feel like a lot of people that have had this done either are in like that, catatonic state or have a history of schizophrenia on it's like really severe, but do we know of any of the people studied had and underlying diagnosis of an intellectual disability, or was it just specifically like schizophrenia and like Severe. Mental illnesses.

Christina Underwood: So, I can't quote you, on the research that was done in our particular population. But again, those are the clinical indications, and you know, there have been cases that we know that those have been effective in our population. But again, in terms of specific research, certainly those are things that I don't have more information on that but I can bring that back to the committee.

Rebekah Gigliotti: Okay.

Leah Gibbs: Thanks, Rebekah. Sarah.

00:20:00

Sarah McGovern: Thank you, I have a couple of questions. The first one is if there's an age restriction on using this, the second one, and this might be more of a Leah thing is How much say…, I guess for lack of a better word, Does the member have in the decision-making process because it is kind of a, you know, just like what Rebekah was saying. I'm not. I've read a lot about this from people who've had it done. Some very, very positive things that I've read about how it was extremely helpful. Some things that I've read talked a lot about memory loss, and long-term memory loss. And so, I've read both positives and negatives about this particular treatment, but I'm curious as to what level the member, you know, what level of say they have in a procedure like this, as well.

Christina Underwood: So certainly, informed consent is always or should be always done, you know. So, that includes members, as well as parents and guardians. Or if that person is able to give informed consent. So, that's number one. And then in terms of age restrictions as far, the research that I'm aware of the event has been done in 12 and older in terms of now. Again, it's not that ECT is not exercised as much in children and adolescents, it's mostly seen in adults, but there have been cases where it has been done in children, 12 and older.

Leah Gibbs: You're asking great questions, everybody. Thank you, is there anything else that you can think of that you'd like to get any more information from Dr. Underwood Or what are your thoughts at this point?

Christina Underwood: Yeah, because what would be your greatest concern, you know, with the information that's been presented today in moving forward with the revision of the legislation?

Leah Gibbs: Kin, please go ahead.

Kin Counts: Yes, Dr. Underwood, are there any long-term side effects or adverse effects from using this treatment?

Christina Underwood: So, short-term memory has been the biggest concern after use of ECT, Generally it's reported that eventually improves over time. But there have been again like any other surgery has risks. So, there is a risk of long-term effects but again, those are less common than the improvement in those symptoms in terms of memory. So, memory again, especially the short-term memory, that's the biggest risk.

Kin Counts: So, are they going to be permanent effects on them? Like I mean but some effects will go away as time goes by but then some stay with some members or some individuals and have a permanent effect on them.

Christina Underwood: So, again, generally research has shown that that has improved over time, but again there have been some cases that again, that is not improved. So again, it goes again, when looking at using ECT like any other surgical procedure, it's again, weighing out the risk versus the benefits of the procedure. And that's gonna be member specific, right? Looking at overall, the health of the member, you know. So, those again it's on a case-by-case basis. So again, and that's gonna be, you know, determined by the provider, who knows the patient very well and hopefully we'll consider the, you know, health risk of that patient.

Kin Counts: Thank you.

Christina Underwood: You're welcome.

Leah Gibbs: Sarah. Please go ahead.

Sarah McGovern: When you were asking just about what our biggest concerns would be, I think for me, the biggest concern would be sort of to echo what Rebekah was saying that The people that are the members are largely not largely, but, you know, this is a population of people who are highly vulnerable, many who are not able to really fully express what's going on with themselves. And so, my biggest concern is always when we're working with this population making assumptions on their behalf and my worry would be them. And I don't want to say experiment, that's not what I mean. But just my concern there with working with people who are so vulnerable with such a very, very serious thing. Oh but I have heard good things about it, but that would be my biggest concern.

00:25:00

Christina Underwood: Yeah, and that is a very legitimate concern. And again, that's why we are bringing it to each of the IOCs and, you know, just want to get your thoughts on it. And certainly, again moving

forward, we're going to make sure that we have certain you know procedures and policies in place to protect our members because that's what we want to do.

Sarah McGovern: Yeah.

Leah Gibbs: Teresa, Hi.

Teresa Brooks: Hi. So, I think this therapy for both of us who are seasoned, shall we say, and grew up in the era of watching "One flew over the Cuckoo's Nest", it has a bad rep. But I belong to a Facebook group for Down Syndrome regression disorder. and a lot of those have a dual diagnosis, as my son has with autism, and they're really at higher risk for regression and catatonia. In fact, one of my good friends that lives here, her son is catatonic right now with the same diagnosis as my son. So, I've seen a lot of discussion on having this kind of therapy and I would say from my observation, which I haven't really paid a great deal of attention to. It's probably a 50/50 success rate for some but I haven't heard of anybody that's been left with long-term damage. So, you know, I agree that there are concerns with the vulnerable population and having it, you know, done without exhausting everything else. So, I know for me as a parent, I would want to exhaust everything before doing that, so that's the only thing and I'm glad, it's listed in Article 9, as a protection.

Christina Underwood: And thank you for those comments. They're very important to comments. Thank you.

Leah Gibbs: So, what I'd like to share is that, as I mentioned, you're the first IOC that we've had the opportunity to start the dialogue with, and some of our thoughts. If you feel like you would consider supporting the division to move forward is, we have no intention of doing this without the input of IOC members and stakeholders and, we would invite the IOC and stakeholders to actually help us in developing the appropriate safeguards that need to be in place before potentially changing the law and making this electroconvulsive therapy treatment modality available to our DDD members. And that would be part of my outreach to you today would be saying, if you're interested, we would absolutely invite the IOC members to be part of that work group, with us in developing that. And potentially using the input from that group about how to craft the language that builds those safeguards in the legislation, if we all agree that it's a modality that for some of our members, that really should be available as long as we're building all of those safeguards.

Leah Gibbs: And what are your thoughts around that? Have I moved too far too fast?

Christina Underwood: If it's okay, to have more time to think about it.

Leah Gibbs: It is okay, I don't mean to get it tonight, but I just sort of want to get your thoughts. Sarah, please go ahead.

Sarah McGovern: I personally from what I have read about this, I think it's a good step to consider its use. I think it could have very positive effects. Especially if you are in a situation that has become that dire, you know, from the things that you listed, it seems like the only other you know, situation is leading towards

death. So absolutely. I think, if this is something that can be used in a therapeutic way, it should. So, I would be in agreement with it and as far as working with us to get that crafted correctly. Yeah.

Leah Gibbs: Thank you very much for that Rebekah. Please go ahead.

Rebekah Gigliotti: I would say, like, one of the things. Okay, I would say that one of the first things that I would do, is because I have a nursing background. And so, as a nurse, I've worked in a post-anesthesia care unit, where they did ECT, and I saw someone who was catatonic and then they did the treatment. And then over time that it does help them, especially those with severe mental illness. Like the catatonia that we've been talking about. So, I, that's, I've seen it work, well, for them. One of the things that I would look for though...

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Rebekah Gigliotti: If I was looking through research articles would be I would look up the term like intellectual disability and ECT therapy to see if there's any research that supports that it works well in that population because some people just have the intellectual disability, but they don't have the dual diagnosis of a severe mental illness and some of them have both. And so I would maybe want to look at a sample size or the type of study that they did and the diagnosis of the people, where they primarily intellectually disabled or were they primarily severely mentally ill and just kind of…if I was critic because I did learn how to critically go through research articles as a nurse in school even though I haven't done it in a couple of years. Um, so that's one of the things that I would look at if I was… before I would vote on that, I would look to kind of see the correlation between, it working for those specifically with intellectual disabilities alone as opposed to just the severe mental illness, if that makes any sense.

Christina Underwood: So yeah, so just let me clarify because again, we would be looking at those if they had not only is the ID or any developmental disability but also the clinical indication for it. so, it would not just be a developmental disability diagnosis.

Rebekah Gigliotti: Okay, okay.

Christina Underwood: You that makes sense? Is that clarifying for you? Yes.

Christina Underwood: Leah, you're on mute, if you're speaking.

Leah Gibbs: All right, I was so proud of myself. Kin you are next. Please go ahead.

Kin Counts: Yes. So, my one concern is the Rights of our members, and it's like, okay, if are they making the right…, you know, some of them think they are able to make them, you know, yes or no in a consent. But then are they so-called, capable of making the right choice? And then also on their Rights, if they are having legal guardianship, can the guardian going to make that decision for them and how much does this guardian know? And one, another thing is, do we need a power that POA? For that because it's under behavior. So full guardianship doesn't cover that, you need and a special appeal or something for that. So, this will have to be clearly stated so that when the time comes, we know whether you know, legal

guardian, legal representative, or whoever knows how what we can do to protect the rights of our members.

Christina Underwood: Yeah, Kin. And those are all very important things to consider when we move forward for the discussions about how to proceed.

Leah Gibbs: Teresa.

Teresa Brooks: Leah. Am I correct in saying that AHCCCS supports this therapy? But DDD does not currently.

Leah Gibbs: It is, it is a covered benefit by AHCCCS, correct.

Teresa Brooks: Then. Go ahead.

Leah Gibbs: And I'm sorry to cut you off, but because of this legislation, and the way it's written, it's prohibited from anyone eligible in our program.

Teresa Brooks: And that's my concern because they're not getting the therapy that they may need. If they've exhausted all these other therapies, So, and I think I've heard a little chatter on from people that are living in group homes, from some of their parents. So, it's my belief that we should align with AHCCCS.

Leah Gibbs: Thank you for your thoughts on that, I appreciate it. James, you have your hand up.

James Maio: Yeah, I was just gonna say not every state has that same law or rule. So, I've read some of the stuff from other states that people with developmental, disabilities have used this therapy and it has had positive, positive outcomes and I happen to know somebody who doesn't have IDD but has used it for depression and they had very, a very positive outcome from it. So, I just kind of wanted to share, I know Rebekah was asking about the research being done and I know that not, you know, Arizona is looking at this now, but other states have never had that rule or law and it has been used in other states and there is information out there about it and about its success rates for people who have developmental disabilities.

00:35:00

Leah Gibbs: Thank you. Thank you for sharing that, James. So, what I'm hearing tentatively because I understand this is a big dump on one night here to you all is that there's definite interest in aligning with AHCCCS about being a potential service. As long as we work collaboratively to build in the safeguards and make sure that we're making sure that our members are being protected in this process. Am I summarizing that right, at this point?

Kin Counts: Yes.

Sarah McGovern: Yes.

Leah Gibbs: Thank you. Thank you very much for giving us the opportunity to talk about it tonight. Please know, we're going to reach out to each of the committees and we know that we'll move forward based on kind of a collective decision-making. But right now, it's sort of taking a temperature and seeing what you think, okay?

Leah Gibbs: Thank you, Dr. Underwood

Christina Underwood: Well, thank you, and thanks again everybody for again taking the time to hear us out, and hopefully again, we will move forward in collaboration.

Sarah McGovern: Thank you, we really appreciate your time this evening to, you know, talk to us about this.

Christina Underwood: You're welcome.

DDD Staff Updates

Sarah McGovern: All right, Leah. Did you have anything more and that discussion?

Leah Gibbs: Not over the electroconvulsive therapy, Whenever you're ready for DDD updates. You can let me know, okay?

Sarah McGovern: That was what we're gonna go right into DDD updates. There we go.

Leah Gibbs: Well, if you would like me to do that I would be honored. How about that?

Leah Gibbs: So, I would like to just be sure that the committee has all the most current information that we have regarding the Public Health Emergency and COVID-19 as you are aware and I've shared with you in the past that effective April 1st, the division is returning to in-person meetings. And we are asking that our member and their representative along with our support coordinator to be in-person for those meetings. Other team members could have the option of participating virtually, but we really need to get those eyes on them. It's been a long time for some of our members that we've seen them in person. We are encouraging families that if they have any concerns about the spread of any infections that our staff will have personally protected equipment available for them, they'll have masks, they'll have booties, they'll have all those things available. So, if the family would like that, they will certainly comply with that.

Leah Gibbs: Um we are having some of our flexibilities that are ending on April 1st, including the implementation of the in-person meetings. We have discontinued effective, April 1st, the Remote Learning Service for members who were not attending school, and we were able to provide attendant care to help that member stay focused from home. The schools have returned in person. It's not really even a needed service this time and it is discontinuing on April 1st. Our guidance document about assessing risk for members, who are at higher risk of severe illness is being archived because again, it's no longer going to be necessary moving forward with the end of the public health emergency, The federal government has announced that they continue to expect to announce the end of the emergency on May the 11th of 2023. So, it's still around the corner. What that means for us is the other services that have flexibility around

them will continue through the end of that quarter. So that means June 30th of 2023 is When those other flexibilities will end, there are some flexibilities that will continue beyond the public health emergency. For example, it's been a tremendous benefit to have the therapy services, PT/OT speech, as a modality of being virtual and those will continue. So that's really going to help that outreach in some of our rural and frontier communities around the state to continue to receive that service. On our DDD webpage of the "Actions related to Covid-19" when you open that link and scroll to the bottom of the page, there is a chart that has each flexibility,…

00:40:00

Leah Gibbs: the date that it was implemented, the date, it's going to end. So, if there's anything that you have any questions about, you can get that information from there.

Leah Gibbs: When it comes to the parents as paid providers for their minor children, that service remains just the way it is today until June 30th. Assuming the May 11th date is the end of the declaration to the Public Health Emergency. And then come July 1st is when the American Rescue Plan Act, the ARPA funding will fund parents is paid providers for their minor children, and that then implements the 40-hour per week/maximum for parents, for one individual member, that's part of that requirement. Um, and so that will be effective July 1st of 2023. And those ARPA funds are in place till September 30th of 2024.

Leah Gibbs: Let's see what other exciting announcements I have for you. I know you're all aware of the Electronic Visit Verification program, that people who are receiving the in-home services of attendant care, homemaker or housekeeping, services habilitation hourly, respite services and home health services. Their service providers are using an electronic visit verification to track that the service is being delivered, as expected for that family member and effective the first of January. January 1st of 2023. Is when we have what we call a hard edit, which means that when we get a claim from a provider, we're checking to make sure that we have the electronic visit verification information, supporting that that visit took place to pay any claims of service that were after the first of January 2023. We know it's still a learning curve for some vendors. Even though this has been in place for a couple of years, and we are working collaboratively with those agencies that were not saying "Gee you didn't use your EVV, therefore, you're not going to get paid", We're just saying. Let's do what we can to do that training and that supportive teaching so that it can become a smooth process for those families to make sure that those services continue to be in place. We continue to meet with providers and with families that if they're experiencing any particular problem, we are troubleshooting with them to get that addressed so that we can continue to comply with the requirements and make sure services are provided. There's a great deal of information regarding the electronic visit verification through an FAQ that's posted on the AHCCCS Web page and is available for folks if they need that.

Leah Gibbs: Other announcements. We want to let you all be aware that there is a great deal of work occurring behind the scenes about verifying ongoing eligibility for people. Now that the public health emergency is winding down and the AHCCCS administration is doing outreach to families and to members we need to make sure that contact information is current and accurate in the system, We ask that the families reach out to their DDD support coordinator because this is a way that we can make sure we have an accurate in our system and we can share that information with AHCCCS so that their systems

are current. We are certainly encouraging members and families that they receive correspondence with questions from AHCCCS to please be responsive to those so that there is no concern about eligibility or gaps in any service.

Leah Gibbs: Also, I'd love to share with you just something exciting that we were able to do on the 25th of February. The division partnered with 44 other, local nonprofit organizations and we had a day out at the ABILITY360 facility on Washington and downtown Phoenix inviting people to come in so that they can learn about volunteer opportunities. And to get people to connect with organizations that they share a passion for so that they can potentially become volunteers. And we had a tremendous amount of success with the event. Over 700 people were there that day and we have had people who have reached out to our volunteer coordinator and expressed interest. So, we're hoping that we're going to be able to develop some new volunteers for IOCs as well as the program review committees. Go ahead, Rebekah.

00:45:00

Rebekah Gigliotti: So, the church I go to here in Chandler, they do City Serve. At Cornerstone Christian Fellowship. And they're always like looking for different businesses or nonprofits in the area and they're always looking for ways to help. So, if you guys have a project that you're trying to do or your members that they could potentially get involved with, I have the guy who runs the City Serves email. Um, and so,

Leah Gibbs: So, Rebekah when we do it during the holiday season, we have a holiday gift from the heart program that is for DDD members who would not have a celebration of a holiday unless someone sponsored them and provided a gift. Is that the kind of thing that they might be interested in?

Rebekah Gigliotti: They might be. Yeah, they do stuff like that around the holidays, they do like gift giving for kids so I see I could see where they would do something like that for intellectual disabilities.

Leah Gibbs: so, what I'd love to do is connect our volunteer coordinator with them and I will ask my team members here, Jeffrey, to get my email address in the chat so you could reach out and we can get them connected. Okay? I appreciate that very much.

Rebekah Gigliotti: All right.

Leah Gibbs: I also have a second announcement that we want to encourage people to, please save the date. On the 25th of April, the division is going to be hosting a self-care for Caregivers conference for the day. It's intended for our family, caregivers to be able to come into. It's going to be at the Desert Willow Conference Center in Phoenix. It's going to be free. We all have tables of resources available. We'll have speakers around self-care. They'll be breakout sessions for folks and different activities through the day. We're going to be able to have a continental breakfast and lunch and we are really excited to start rolling that out. We have sent in all of our correspondence, we have to get approval through this process before we send it out, but please watch for it. I'll be sharing it with the IOCs, and you can share it with families who would like to register to attend this event. It's a Tuesday and we're working on it. So, I want to be aware of that.

Leah Gibbs: I also want to be able to just make sure that you're aware of the affordable connectivity program. It's a program that the Federal Communications Commission has launched to help people who have low-income households to afford, Internet connections to do to be able to do work or school, or health care or, more reasons why they may need connectivity in their homes. The program does allow for a discount each month for the Internet service for the eligible households. And if you're aware of any household that is interested, we have the links and information available to that program. I believe those are my updates unless anyone has any questions I can help with

Leah Gibbs: Thanks, Sarah.

Sarah McGovern: Thank you, Leah. That's a lot of updates.

ADOA Updates

Sarah McGovern: So, I love really good stuff going on. So, I believe we are now moving to the ADOA liaison updates. Jeffrey is Larry here this evening.

Jeffrey Yamamoto: He has not entered this meeting. I do want to tell Rebekah that I did put Leah's email address in the chat.

Health Plan Updates

Sarah McGovern: All right, well then, I guess we would move to the health plan liaison updates and Jeffrey. Can you, you know, specifically, who is where? So, I'll let you, can you direct that for me?

Jeffrey Yamamoto: sure, Dawn McReynolds

Dawn McReynolds UHC OIFA: Hi everybody. This is Dawn McReynolds. I have no updates. Thank you.

Jeffrey Yamamoto: Thank you, Dawn, Vera.

+1 480-***-**17: I don’t have updates from Mercy Care.

Jeffrey Yamamoto: All right. Those are your two representatives from Mercy Care and United Healthcare.

DDD IOC liaison update.

Sarah McGovern: Okay. And let's see here. We have a DDD IOC liaison update.

Jeffrey Yamamoto: So, I don't really have too much to go on an update. I do want to inform the committees that the redaction team has been caught up, so we should be almost at the point we are doing weekly downloads to the shared drive. And you're only maybe four or five days from when they were actually entered. So, we're almost within the week now. Doing the downloads for you guys. We're possibly doing the downloads from the First through the Fifth tomorrow.

00:50:00

Jeffrey Yamamoto: So be prepared for those. Sarah, you already have the assignments sent out, so we will keep uploading those, and if we can make sure that everybody who is reviewing, let us know when we can archive those that are in there. I have not done a great job with that, but I am trying to keep up with them.

Sarah McGovern: Yeah, thank you, Jeffrey. We do have a little bit of a backlog; I can resend those assignments. Again, just to let everybody know which ones to be working on, and then if anybody has any questions, you can let me know if there's anything you need help with. I'll probably direct you to Jeffrey in all fairness, but I can go ahead and do that, and we can work on some of the assignments there. So, Did we have any new potential committee memberships? Jeffrey?

Discussions on Possible Memberships

Jeffrey Yamamoto: Not at this time, I know that Michelle had attended the volunteer fair that Leah was talking about. Michelle. Did you want to add anything to that?

Michelle Rademacher: Um, I reached out to the volunteer coordinator because we did have individuals that filled out contact point postcards so that we could check back with them on their interests and collect their information instead of just verbally conversing. So, right now we're in the process of going back through and reaching out to those individuals on the volunteer. The volunteer coordinator has done that on her side and then right now I'm reaching out as well on my side. We are very critically low for membership right now in District North and District South. But what I do is I ask the individuals which district they're interested in being very honest, where the need is, but also respecting where they would like to be on the committee because ultimately, we want to make sure our volunteers are happy with where they've been placed, and it's their choice.

Sarah McGovern: Okay, great. Yeah. When Leah I saw the thing for the volunteer event and I thought, Oh my gosh, maybe we'll get some more members. So That's really great.

Michelle Rademacher: Time will tell.

Discussion review of the incident reports and behavior plans.

Sarah McGovern: Okay. Um, then I guess our last discussion would be, if any of you have any, any concerns, comments, discussion, review of the incident reports and behavior plans.

Jeffrey Yamamoto: So, I will tell you that any of the comments that are coming through from your reviews, I am putting onto a shared drive and Trudy and her team have access to that. I think we are pretty much up to date. I do have a couple of questions from you. Sarah. They have not been entered into that. I tried to make sure that I don't send them every week, that I give them a little bit of time to get a few of them up before they are inundated by a lot. So, I try to temper that so probably every week depending it's probably

been close to a month on your, on District East is the only ones I have I think, or the two that you had left about two weeks ago.

Sarah McGovern: Okay. Okay. Does anybody else have any questions, concerns or comments regarding Treatment Plans and incident reports.

Sarah McGovern: Okay, we'll feel free to reach out if you do have a question you think of after the meeting. So, All right, so Jeffrey. Should I go to adjournment?

James Maio: You're on mute Jeff.

Jeffrey Yamamoto: Thank you, James. Yes, we will. If you want to adjourn, we are doing as the Roberts Rule of Order. We will be asking for a motion. And a second to adjourn the meeting. If we get the motion and a second, Sarah can then adjourn the meeting.

00:55:00

Adjournment

Sarah McGovern: Mm-hmm. Okay. So I'm asking for a motion for the adjournment of the District East Independent Oversight Committee from Executive Session and/or, public meeting.

Sarah McGovern: so, somebody would like to motion for the adjournment,

Teresa Brooks: I motion to adjourn the meeting.

Sarah McGovern: Okay, and then can I have a person to second that motion? Please All right. and,

Kin Counts: I second.

Sarah McGovern: Are there any discussions? Or do I have to ask that Jeffrey? I'm looking at the

Jeffrey Yamamoto: So, at this time you can just ask if we have anybody that does not want to adjourn. If not, then you can adjourn.

Sarah McGovern: Okay, would anybody like to discuss the adjournment?

Sarah McGovern: Okay, then this meeting will be adjourned. The next scheduled meeting will be held on. April.

Jeffrey Yamamoto: April 12th, I'm sorry.

Sarah McGovern: April 12th from five to seven pm virtually again, I believe.

James Maio: Bye everyone.

Jeffrey Yamamoto: Thank you.

Sarah McGovern: Thank you for your time this evening.

Christina Underwood: All right. Thank you, everybody. Bye.

Dawn McReynolds UHC OIFA: Bye everybody. Thank you.

Teresa Brooks: Bye

Joan McQuade: Good night.

Meeting ended after 00:57:05 👏

Information on the IR reviews

CLOSED Categories:

Death/ Suicide- Suzanne ***Human Rights/Other Abuse - Teresa***

Emergency Measures- Aimee ***Physical Abuse - Yolanda***

Anything else not assigned- Kin ***Neglect - Sarah***

DA/All IRs - Beth

PRC – Kin and ? ***None currently- Tonia***

For **Feb IRs**, the Committee members have been loaded in the shared drive **327** incident reports. This included **19** open and **308** closed reports. ATPC had **20** totals with **2** open and **18** closed.

Type	Open	Closed
Accidental Injury	**2**	**55**
Consumer Missing	**0**	**1**
Deaths	**1**	**6**
Emergency Measures	**0**	**12**
Human Rights	**1**	**4**
Legal	**0**	**0**
Medication Errors	**1**	**17**
Neglect	**8**	**36**
Other Abuse	**2**	**2**
Other Behavior	**0**	**103**

Other Hospitalization, Unknown injury	**1**	**57**
Physical Abuse	**2**	**6**
Property Damage	**1**	**0**
Suicide	**0**	**9**
TOTALS	**19**	**308**

Number of Questions for QIM: members of the committee will comment on incident reports directly and the liaison will send them to QIM.

The Program Review Committee (PRC) is being attended to by **Kin Counts**.

Adjournment

Sarah McGovern adjourned the meeting at 6:00 pm**.** The next District East IOC meeting will be held on Wednesday April 12, 2023, at 5:00 pm. The meeting will be a virtual meeting due to the Public Health Emergency still being in effect.