



**Division of Developmental Disabilities (DDD)  
District West Independent Oversight Committee (IOC)  
Public Meeting Minutes Summary  
Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**This meeting is being held virtually due to the Coronavirus (COVID-19) concerns.**

Meeting called to order by **De Freedman**. The date was May 23, 2023, at 5:31 pm. The address of the meeting was Virtual, no physical address.

Attendance in Person: **None - This meeting was virtual only due to COVID-19 concerns**

Attendance by Google Meets unless noted:

- **Diedra (De) Freedman**
- **Brad Doyle**
- **Bernadine Henderson**
- **Diane Concolino**
- **Pat Thundercloud** (by phone \*\*37)
- **Crystal Fox**
- **Shelly Vinsant**
- **Cynthia Macluskie**

Absent:

- **None**

Public in Attendance:

- **None**

Arizona Department of Administration (ADOA):

- **Larry Allen**

AHCCCS IOC Liaison

- **Fredreaka Graham** (by phone \*\*98)

Healthcare Plan Liaison

- **Summer Kamal** (Mercy Care) Ombudsman
- **Dawn McReynolds** (United HealthCare) OIFA Administrator

DDD staff and Guests:

- **Dr. Christina Underwood** (DDD Behavioral Health Medical Director, Psychiatrist)
- **Carl Burik** (DDD Chief Quality Officer)
- **Leah Gibbs** (DDD Administrator of Office of Individual & Family Affairs)
- **Diane Kress** (DDD District West Quality Manager)
- **Jeffrey Yamamoto** (DDD IOC Liaison - DE & DC)
- **Michelle Rademacher** (DDD IOC Liaison - DW, DS, DN)



**Division of Developmental Disabilities (DDD)**  
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## **District West IOC-Conference Call (2023-05-23 17:31 GMT-7) - Transcript**

### **Attendees**

+1 480-\*\*\*-\*\*98, +1 623-\*\*\*-\*\*37, Bernadine Henderson, Brad Doyle, Carl Burik, Christina Underwood, crystal Fox, cynthia macluskie, Dawn McReynolds UHC OIFA, diane concolino, Diane Kress, Diedra Freedman, Jeffrey Yamamoto, Joan McQuade, Lawrence Allen, Leah Gibbs, Linda Mecham, Michelle Rademacher, Shelly Vinsant, Summer Kamal - Mercy Care

### **Transcript**

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

### **Call to Order**

**Michelle Rademacher:** This meeting will be recorded and it is being recorded and Google is also making a transcription You're good to go.

**Diedra Freedman:** Okay. I hereby called the Order this regular meeting of the DES DDD District West Independent Oversight Committee. This is a regular meeting of the IOC. It's being held electronically. This meeting is being recorded and the transcript of that recording will be posted on the ADOA IOC website. In an effort to avoid excess, excessive background noise, and potential microphone feedback, please mute your microphone when you're not speaking, you can meet your cells by clicking on the microphone icon at the bottom left corner of your screen or elsewhere depending on the platform. The host of the meeting can mute you but then you can unmute yourself when you would like to speak.



**Division of Developmental Disabilities (DDD)**  
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**Public Meeting Minutes Summary**  
**Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Diedra Freedman:** And additionally I've been asked to read the following statement. Do we have anyone who has to disclose a conflict of interest? If there is, the committee member needs to disclose why. Anybody need to disclose anything, any committee members? Okay, and we'll now have introductions of those present in this meeting. Um, let me pop-up my, show everything thing. Bern you want to go ahead.

**Bernadine Henderson:** I am Bernadine Henderson. I am vice chair. I am the parent of six children, who two of them have a special needs and I am a special education teacher who no longer teaches and we do foster care and I take care of my mother-in-law.

**Diedra Freedman:** Okay. Is that Pat that I see one of those numbers?

**+1 623-\*\*\*-\*\*\*37:** Yes. Pat Thundercloud, I'm a retired Physician's assistant. My son has a, he's 43 and he has Down syndrome. That's all I guess

**Diedra Freedman:** Okay, Brad.

**Brad Doyle:** I'm Brad Doyle. Um, I've got a 36 year old soon to be 37 year old son that's been in the DDD system, since it pretty much started like, in 1989. I've advocated for all kinds of things. And now I've decided to take on a new role, as Union site leader, and or Union extraordinaire, helping the support staff, in my district attain the same status as *certified staff because they've completely overlooked us even though Red for ED I guess, that's what I'm telling them Red for Ed, well I guess ED doesn't work in the cafeteria cause you guys don't do anything for support staff. That's pretty much what I have been telling everybody. One more thing I decided to take on. Don Quixote chasing windmills, that's pretty much me.*

**Diedra Freedman:** Crystal.

**Crystal Fox:** Hi. I'm Crystal Fox and I am a registered nurse. And glad to be here.

**Diedra Freedman:** Diane.

**Diane Concolino:** Hi, my name is Diane Concolino. I am a retired state worker after 12 years of service. I started out with Adult Protective Services as an investigator. I moved over to adult Protective Services as an investigator. I also worked on the hotline there and then I became a book rehabilitation counselor working with people with disabilities, helping them find competitive employment.

**Diedra Freedman:** Okay, and we have a special guest with us. She's not a member of our IOC, but she's the chair of District Central's IOC. She's just going to participate. Although as always, I'll ask when we're in our meeting, that we give her the same privileges that we extend to IOC members except for voting, so that she's allowed to participate as a member because we really appreciate her wisdom. So Linda, if you could introduce yourself.



**Division of Developmental Disabilities (DDD)**  
**District West Independent Oversight Committee (IOC)**  
**Public Meeting Minutes Summary**  
**Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

00:05:00

**Linda Mecham:** Hi everyone. You know me, I'm Linda Mecham. We had a son in the system who passed away a couple years ago just shortly after Andy did. I have been involved with IOC for since 2002. My son also was one of the first ones involved with DDD back when there were only two employees at DDD and professionally, I was a school teacher. And currently I am a life insurance agent and semi retired and fighting all the windmills along with Brad.

**Diedra Freedman:** Okay, Shelly.

**Diedra Freedman:** Shelly.

**Shelly Vinsant:** Shelly, But my job is meeting them. It's you want ([Shelly's audio was breaking up during her introduction](#))

**Diedra Freedman:** Okay, and Cynthia, just joined us.

**Cynthia Macluskie:** Hi everybody, Cynthia Macluskie. Mom to Mark, 25. Who was in DDD and ALTCS in the past. I'm a licensed health insurance agent and I am a Medicaid advocate in our system. And the president of Autism Society as well.

**Diedra Freedman:** Okay, I'm gonna turn it over to you, Michelle, to go down the list for everybody else in whatever order that you want to introduce them. And I just remembered I forgot to introduce myself. I'm Diedra Freedman. I am the chair of DDD District West IOC. I'm a retired New York attorney who is now a certified professional compliance officer and my son, Andy, was a DDD member for almost two decades from 2003, until March of 2021 when he passed away. And Brad. I've been tilting at windmills since I graduated high school. It's been 43 years of doing this professionally. And I think in high school I was tilting at windmills. Take it away, Michelle.

**Michelle Rademacher:** Okay. Well good evening everyone. My name is Michelle Rademacher. I am the DDD Independent Oversight Committee liaison for District West, District North and District South. We're going to move to DDD introductions. Dr. Underwood, would you start us off pretty please?

**Christina Underwood:** Sure. Good evening, everyone that is here. My camera on. Hello. Thanks for having me. Yeah, I am the medical director with DDD over the Behavioral Health Administration. I've been with DDD for four years this month. I came from a clinical background and I am a psychiatrist by specialty

**Michelle Rademacher:** Thank you. And Carl Burke. Would you introduce yourself, please?

**Carl Burik:** Evening everyone. My name is Carl Burik. I am the Division's Chief Quality Officer. I've been with the Division, Oh, about a year and...



**Division of Developmental Disabilities (DDD)  
District West Independent Oversight Committee (IOC)  
Public Meeting Minutes Summary  
Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Carl Burik:** half now. I have a long career in the health care business. I've started, I might date myself here, but I started my healthcare career with COMCare and then moved on to Value Options. So I have a long behavioral health background as well. Welcome. It's my pleasure to be here tonight.

**Michelle Rademacher:** Welcome. Thank you for coming. Leah Gibbs, would you introduce yourself please?

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

**Michelle Rademacher:** Thank you. Diane Kress.

**Diane Kress:** Hi, Good Evening. Diane Kress DDD District West Quality Assurance manager, been with the state for four years.

**Michelle Rademacher:** Thank you, Joan McQuade.

**Joan McQuade:** Good evening, everyone. My name is Joan McQuade and I'm with *DDD Office of Individual and Family affairs. I am a manager. And I am here supporting Michelle and Jeffrey.*

00:10:00

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

**Jeffrey Yamamoto:** I am Jeffrey Yamamoto. I'm the DDD IOC liaison for District Central and District East.

**Michelle Rademacher:** Okay, Larry Allen.

**Lawrence Allen:** Good evening, Larry Allen with ADOA on the IOC State Liaison.

**Michelle Rademacher:** Thank you. Fredreaka Graham.

**+1 480-\*\*\*-\*\*98:** Good evening everyone. This is Fredreaka Graham with AHCCCS.

**Michelle Rademacher:** Dawn McReynolds.

**Dawn McReynolds UHC OIFA:** Hi everybody. This is Dawn McReynolds. I'm *with United Healthcare OIFA.*

**Michelle Rademacher:** Summer Kamal.

**Summer Kamal - Mercy Care:** Good evening. This is Summer Kamal. I am the behavioral health coordinator for a DDD members, Statewide Mercy care.

**Michelle Rademacher:** Thank you everyone. Is there anyone else on the line that I have not called on?

**Michelle Rademacher:** Okay, De, you're good to go.



**Division of Developmental Disabilities (DDD)  
District West Independent Oversight Committee (IOC)  
Public Meeting Minutes Summary  
Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Call to Public**

**Diedra Freedman:** Okay. Is there anybody from the public that would like to make any statement even though we didn't hear anybody on the line.

**Diedra Freedman:** Okay, before we go forward, if I could have a motion a second and a vote to extend courtesy to Linda Mecham, so that she can participate in this meeting as an IOC member, without the right to vote. Do I have that motion from anybody?

**Motion and Vote**

**Brad Doyle:** I motion that Linda Mecham, have all the rights and ability to participate in the meeting with the exception of voting.

**Cynthia Macluskie:** I second.

**Diedra Freedman:** All in favor, I actually have to go down the line because this is recorded.

**Diedra Freedman:** so, I vote Yay. Bern I saw your hand.

**Bernadine Henderson:** What *aye*

**Diedra Freedman:** Brad.

**Brad Doyle:** Yay.

**Diedra Freedman:** Crystal

*Crystal Fox: Aye*

**Diedra Freedman:** Pat.

*+1 623-\*\*\*-\*\*\*37: Yay*

**Diedra Freedman:** Cynthia.

**Cynthia Macluskie:** Yes.

**Diedra Freedman:** Diane.

*Diane Concolino: Yay*

**Diedra Freedman:** And Shelly.

**Shelly Vinsant:** Yes.



**Division of Developmental Disabilities (DDD)**  
**District West Independent Oversight Committee (IOC)**  
**Public Meeting Minutes Summary**  
**Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Diedra Freedman:** Okay, so motion passes eight - zero. Linda, you're one of us, except they won't let you vote. I would let you but, the IOC rules won't let you so,

**Linda Mecham:** Thank you, I appreciate that. Thank you.

**Discussion on Laws Related to Use of Electroconvulsive Therapy, ECT, and People with Developmental Disabilities**

**Diedra Freedman:** You're an honorary member of our crew. Our first item on our list is Discussion on Laws Related to Use of Electroconvulsive Therapy, ECT, and People with Developmental Disabilities. I assume Dr. Underwood, you're going to do that for us?

**Leah Gibbs:** Actually, De, Dr. Underwood and I are going to do it together. If that's alright with the committee. I know that the committee did send some preparation questions to Dr. Underwood for this evening. With your permission though, I would like to read into the records some history information about what brought us here and what we're hoping to achieve. If that's alright with you De. Thank you.

**Diedra Freedman:** Of course.

**Leah Gibbs:** So we're here today to discuss a very sensitive topic in the DD ID community, and that is electroconvulsive therapy. Historically known as electric shock therapy. 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. This contributed to heavy regulation by state administrative codes and legislation. We're here today to propose consideration of amending one of the Arizona Revised Statutes, the statute is ARS 36-561.

**Leah Gibbs:** Through legal consultation, it was reported that the original language in the statute passed in 1978 and that was a piece of legislation that was part of a larger piece of legislation that had to do with supporting people 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 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 and present it to the state legislature for approval.

**00:15:00**

**Leah Gibbs:** Today, the use of electroconvulsive therapy is permitted in certain circumstances and it is a covered service under AHCCCS as well as the subcontracted health plans through United Healthcare Community Plan and Mercy Care Plan. The actual language in the statute, 36-561, the title is "Prohibiting, Certain Treatments or Drugs, Use of Aversive Stimuli". And it reads, "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."



**Division of Developmental Disabilities (DDD)**  
**District West Independent Oversight Committee (IOC)**  
**Public Meeting Minutes Summary**  
**Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Leah Gibbs:** Section B reads, “The Department shall adopt rules and regulations specifying the aversive stimuli used for any developmental disabilities program or service provided, directed by, licensed and 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 prior to implementing any modification 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 clients individual program plan.”

**Leah Gibbs:** Electroconvulsive therapy 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 their condition. Electroconvulsive therapy today is much different than it has been in the distant past and is highly regulated and is effective in many psychiatric disorders, for example, persons who may be diagnosed with severe depression, especially when accompanied by detachment from reality, psychosis, or a desire to commit suicide or refusal to eat.

**Leah Gibbs:** Another condition would be catatonia. That we have defined as a condition in which a person can become increasingly agitated or unresponsive. In treatment for treatment resistant Bipolar depression or mania. And also for people who may be diagnosed with 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 severity, following a spontaneous seizure.

**Leah Gibbs:** 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 often referred to as JAYCO, a United States based nonprofit, tax exempt organization, that accredits US health care organizations and programs. The international branch accredits medical services around the world. The Division's position that we would like to consider, despite the potential revision to the rule, the Division still maintains its position, which is consistent with Article 9, that electroconvulsive treatment 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 a consequence of behavior. DDD however, would like to consider the possibility of using electroconvulsive therapy when clinically indicated and least restrictive treatment options have been exhausted.

**00:20:00**

**Leah Gibbs:** So in summary today, electroconvulsive therapy is currently a Medicaid covered service that is evidence-based, and it's no longer performed in the manner in which it was used in the past. However, currently DDD members face an interesting conflict in that, we have a law that prohibits the use for people with developmental disabilities, but we have a Medicaid program that allows the use when it's medically necessary. We would like the Independent Oversight Committee to consider the option of amending the statute under certain circumstances and the use of electroconvulsive therapy with very specific safeguards.





**Division of Developmental Disabilities (DDD)**  
**District West Independent Oversight Committee (IOC)**  
**Public Meeting Minutes Summary**  
**Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Leah Gibbs:** If the dependent, Independent Oversight Committee is open to this consideration, the Division would like to include representatives from the Independent Oversight Committee along with other stakeholders to work in collaboration to develop a process for the use of appropriate safeguards with electroconvulsive therapy. And also for consideration as a treatment option. We know that you had some wonderful questions. I am very grateful that we have Dr. Underwood here this evening to help answer those and let's kind of take it from there. Would you like Dr. Underwood to go first or would you like to ask questions first? What's your preference?

**Diedra Freedman:** Does she have a presentation or...

**Leah Gibbs:** You sent a question?

**Diedra Freedman:** is she answered questions?

**Leah Gibbs:** Yeah, De, the committee sent a question about and...

**Leah Gibbs:** Well Cynthia has her hand raised and I do believe, We're probably the one with the question, so please go ahead.

**Cynthia Macluskie:** Hi. Thank you. Um so my first question is, just how it's set up right now? if I'm a DDD member with, let's say, United Healthcare and it's approved service with AHCCCS and United Healthcare. Am I precluded from get, having that as a covered service because I'm a DDD member? I just. I was confused about that part.

**Leah Gibbs:** You know,...

**Christina Underwood:** Yeah. No I was gonna say understandably so and...

**Leah Gibbs:** We have done some. Oh I'm sorry, Dr. Underwood do you want to take it?

**Christina Underwood:** That's the conflict is, as Leah raised. So right now, we have had discussions with AHCCCS and AHCCCS is approving, you know, ECT, where clinically indicated for DDD ALTCS members, but other than that, we as DDD cannot support any members really who are eligible, are recommended for ECT therapy. So right now we're under the umbrella of AHCCCS and that's again, where the conflict rises because again, this legislation is really outdated and we want to get it revised so that our members can have the opportunity basically in AHCCCS to same coverage services as the general population.

**Cynthia Macluskie:** So if I'm currently 23 with DDD and AHCCCS, I might be able to get it but I might not. Is that what you're saying? I just

**Christina Underwood:** if you are an ALTCS DDD member, Only at this...

**Cynthia Macluskie:** I could get it. Okay, but if you were So,...



**Division of Developmental Disabilities (DDD)**  
**District West Independent Oversight Committee (IOC)**  
**Public Meeting Minutes Summary**  
**Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Christina Underwood:** You can get it.

**Cynthia Macluskie:** I'm trying to figure out which DD members can't get it.

**Leah Gibbs:** It's, Cynthia. We are still in conflict with the law. Our problem is,...

**Cynthia Macluskie:** Oh, I see. Okay.

**Leah Gibbs:** We are in conflict with the law.

**Cynthia Macluskie:** Okay. And then I'll let you ask the question. I just had one follow-up question. Have you, have you been doing these presentations with the other IOCs? And, and...

**Leah Gibbs:** Yes, we have.

**Cynthia Macluskie:** do you. Do you see a lot of misunderstanding with the current use versus that older use?

**Leah Gibbs:** I think that what we mostly are hearing, is potential support in the need to look at developing a process for safeguards and amending the law. So that we're not in conflict.

**Cynthia Macluskie:** Okay, thank you, De I'll step.

**Christina Underwood:** Yeah but again to comment I mean we there's not been in, I mean I've not come across anyone who has been reporting any inappropriate use, again, to respond to your question.

**00:25:10**

**Diedra Freedman:** I have several concerns. First of all, I have a serious concern given what we just went through with Article 9. I think DDD in the IOCs have very different ideas of Article 9. And I don't like to say this, but I'm going to lay all the cards on the table. Dr. Underwood, I don't trust your department at DDD to safeguard people's Article 9 rights at this point in time given what was introduced as the Article 9 revisions last year. So, this may be an opportunity if you're willing to work with, either IOC members to work on both things at the same time.

**Diedra Freedman:** Fundamentally, I don't have a problem with ECT, if it's used properly, but, at this point, I'm not sure if I 100% trust the DDD medical staff to review and make sure that it's being used properly. One of the other concerns that I have, Ah, is with the psychiatric, or psychiatric community, the psychiatrists, especially pediatric psychiatrists, who treat the majority DD members who need medical care. Phoenix Children's Hospital just announced very proudly in February. They have locked rooms for individuals, including those with Autism who have behavior problems, because the hospital doesn't want to spend the money to provide them with one-to-one aid to be with them to make sure that they're not in danger. So they're going to put them in a locked room. It's a very slippery slope. As far as I'm concerned, back to Willowbrook. And given again, what went on with Article 9. We also asked a series of questions about Article 9, a couple months ago with DDD and what we, correct me if I'm wrong, my interpretation may be wrong, but basically, what the answer that came back from, DDD the administration was that everybody who treats the



**Division of Developmental Disabilities (DDD)**  
**District West Independent Oversight Committee (IOC)**  
**Public Meeting Minutes Summary**  
**Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

DDD member who's paid with DDD money should be following Article 9. But DDD has no way to enforce it when it provided by a health plan, when it's a service provided through the health plan, rather than through the DDD qva network. So, even if we get Article 9 revised so that it has the same spirit that it currently has and it protects the rights of DDD members, I don't know how we can ensure that the medical providers are going to listen. And follow Article 9. And then my last concern, um, is among HCBS providers, and it involves vagus nerve stimulation, which involves electrotherapy.

**Diedra Freedman:** I am very familiar with VNS because my son had a VNS. And I know that there's a physical reaction when you wave the magnet. And there is potential for abuse of a magnet. It could be used punitively with a DDD member because they're supposedly having a behavior which the caregiver interprets as seizure activity. So, I think we have a great opportunity. And we should take the opportunity to work together to make sure that the human rights of DDD members are protected with this therapy. I think there's a whole lot of bridges that we need to build between the IOC and the DDD staff. And between the DDD staff and the health plans and the providers that are actually going to be providing this kind of therapy, that are contracted with the health plans, rather than directly with DDD. So I knew what I know I just the whole bucket of stuff on your doorstep but I just want to be very honest so that, you know, where we are coming from.

00:30:00

**Christina Underwood:** No. No,...

**Christina Underwood:** I appreciate your honesty and you know, again hoping that you know, we can rebuild the trust with IOC when Article 9 rolls around. Again, again, we are all working towards the same goal. Believe it or not, you know, we want to protect our members just as much as you guys want to. This is one of the reasons why again we wanted to get your ear on, you know, this presentation and the revision of the legislation. Our job with the health plan, part of our job is to be oversight of the health plans who provide behavioral health services. And so, you know,

**Christina Underwood:** Want to work with you and see, okay, how can we improve that oversight, you know, so that our members are not abused or misused or maltreated. So, this is why we are here today. And so I, I hear your concerns and, and they, you know, legitimate concerns about maltreatment. I certainly understand that Leah. Did you have any comments?

**Leah Gibbs:** I just want to say Dr. Underwood to the committee that I think that the Division listened and heard loud and clear that we don't want to be starting making changes to things without looping in the IOC and without creating a foundation from the bottom up, especially with a subject that can be as misunderstood potentially, as electroconvulsive therapy. But also, if in fact, we get to a point that we're ready to try to address Article 9 again, collectively, we want to learn from our mistakes and we want to do it, right?

**Christina Underwood:** Absolutely.

**Diedra Freedman:** Linda you had a question.



**Division of Developmental Disabilities (DDD)**  
**District West Independent Oversight Committee (IOC)**  
**Public Meeting Minutes Summary**  
**Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Cynthia Macluskie:** I think it would be helpful if we knew what the health plans were currently doing in providing oversight for this treatment. Um, and what their policies, and AHCCCS's policies and procedures are for safeguarding members currently. Because I did, I did have AHCCCS pull all the policies for me, so I could read them.

**Cynthia Macluskie:** And I agree with DE about her concerns, but I have an additional concern, which is that we become overly cautious and then don't allow somebody who needs a treatment to have access to a treatment and catatonia is very difficult to treat and there's very few things to treat it. And I do know a few families who have looked at all sorts of things, been unhappy with them and want to pursue this. So I, you know, I we have a, we have a fine line, we have to walk

**Christina Underwood:** yeah, I certainly agree with that and and again each, each it's different for each state. Each state have different, you know, protocols or guidelines that they follow and have different safeguards in place. And so that's what we're hoping to do with Arizona and and putting, you know, as great of safeguards as we can to protect our members with your help.

**Diedra Freedman:** Linda, do you have a question.

**Linda Mecham:** I just put it in the chat. You both mentioned that, and and Leah, I mean, you know that when you presented at our committee, we were told that you can't do it because it's in conflict of the, with the law and then you corrected that at our next meeting. But I can, if it is against the law, how are the members receiving it if DDD is in conflict with the law. I don't understand how that's happening. And if they're able to receive it without changing the law, what is this all about? Am I missing the point?

**Christina Underwood:** No, so basically so we said the legislation I don't have the exact wording. But again, any. We as DDD cannot support our covered or cover any ECT services. So that means or participate meaning we can't provide transport. We can't pay for it. So right now the DDD ALTCS members are getting it under Medicaid. So um, so that's why, it's the ALTCS members. However, again for other DDD members, that's where we are working to revise the legislation so that everyone can be eligible for it if clinically indicated.

**00:35:10**

**Cynthia Macluskie:** So, are you saying that DDD AHCCCS members then? Because the DDD ALTCS members have access to it now.

**Leah Gibbs:** When you read the, I want to, we have kind of two different things going on, Okay. What we're trying to say to you is and yes, Linda, you are correct, when we very first came out with you all, it was our understanding that it was just prohibited and not available. We've been able to clarify with AHCCCS that it is available. However, it does not stop DDD from being in conflict with the law. And we're not saying that if a member it's not clinically appropriate or medically necessary that they're not going to get it. What we're saying is we would really like to function so that we're not in conflict with the law.



**Division of Developmental Disabilities (DDD)**  
**District West Independent Oversight Committee (IOC)**  
**Public Meeting Minutes Summary**  
**Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Leah Gibbs:** I mean, Doctor Underwood would you like to add anything to that?

**Christina Underwood:** Um, there are cases where members who are not, they have another primary funding source too, some people have private insurance. So You know, and so we are not the primary payer so they are getting it through their primary payer. So that's another way that other other folks are all getting it.

**Leah Gibbs:** But we would still like to not be in conflict with the law.

**Christina Underwood:** Exactly. Which would make it a lot easier, right? I mean, we're trying to come up with, you know, solutions and how we can, you know, help our members who are, you know, where this, where treatment have been indicated for them. So, you know, again, we are wanting to work with you, so we can basically expedite the revision and be prepared for our next legislative session. When it.

**Diedra Freedman:** Brad, did you have a question?

**Brad Doyle:** No, I just

**+1 623-\*\*\*-\*\*37:** I have a question. This is Pat..

**Brad Doyle:** Go ahead. Pat. Pat.

**+1 623-\*\*\*-\*\*37:** Who decides whether a person needs the therapy?

**Christina Underwood:** So that would be through their clinical team. So basically the clinical team, the provider would be making a recommendation. Again, now there are parents who say, "Hey, I want my kid to have this." And so again, they would have to go through their treatment provider to see, is this clinically indicated. What have you exhausted in terms of care? Other alternative treatments. And to see if this is the best course of treatment for, for the, for the person for the individual,

**+1 623-\*\*\*-\*\*37:** And so, one doctor decides when they need, may need this therapy.

**Christina Underwood:** I'm sorry. Can you repeat that?

**+1 623-\*\*\*-\*\*37:** One doctor decides whether they need this therapy.

**Christina Underwood:** So the doctor can only recommend, let's say if it's a member or an individual who have gone through a lot of other alternative treatments but nothing has been affected. Okay. So that may come as again as a provider you are giving informed care and options, right? So these are your alternatives. Um, whether we can go through another, you know, type of medication which, you know, again, he or she have tried all of these options, it did not work. So my recommendation would be ECT is an alternative for you.

**Christina Underwood:** And it's up to, you know, the member, guardian after receiving informed care in terms of risk benefits and all of those things to decide, whether they would want that course of treatment. Ultimately, the decision rests on the member in the Guardian.



**Division of Developmental Disabilities (DDD)**  
**District West Independent Oversight Committee (IOC)**  
**Public Meeting Minutes Summary**  
**Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Diedra Freedman:** Brad.

**Cynthia Macluskie:** Does it require a prior authorization currently with the health plan?

**Christina Underwood:** I am not aware that it does at this point. If anybody from the health plan wants to speak to that, maybe they know, but from my understanding it I'm not aware that it requires a prior authorization.

**Diedra Freedman:** Brad.

**Diedra Freedman:** You're on mute.

**Diedra Freedman:** Brad you're on mute.

**Brad Doyle:** I just want to summarize real quick, sorry about that. Um, We all recognize that DDD is in conflict statutorily here in the state of Arizona. So we need to do the revision there.

**00:40:00**

**Brad Doyle:** Secondarily, Cynthia brought up in her notes in the chat room that what safeguards are there now? Because they're already providing the service. So that comes back to us as Independent Oversight committee for, I don't know if I'd consider this noxious noxious stimuli where would this fall under the Article 9 as far as our oversight of it?

**Brad Doyle:** So we're concerned about the potential for this being to be able to be abused such as the same way that De brought up with the magnet. And lastly, because of the bad taste that was left in our mouth regarding Article 9, we're all a little hesitant and rightfully so in order to deal with this, then at the same time which Cynthia was, maybe we're being overprotected because maybe this is reaching out and actually helping the members. So that sounds like, it sounds like a lot, but it's really not all that much to overcome as I'm sitting here right now. I think everybody's pretty much closer on the same page than what I what when I hear the back and forth. I think everybody's closer than they think. And I just wanted to stay that as I sat back and listened.

**Christina Underwood:** And thank you for your comments, Brad. Excuse me.

**Christina Underwood:** So to respond to Cynthia's question, does he have examples of how other states are dealing with this? Yeah, I've looked at other states and some states have age limitations. Some states have a committee to go through. Some states, again you know, prior auth could be an option. So different states have different protocols in terms of getting, before a member can get ECT, but it varies per state.

**Diedra Freedman:** So Bern, then Cynthia.

**Bernadine Henderson:** So my, I guess my concern. Because I don't have issues.



**Division of Developmental Disabilities (DDD)**  
**District West Independent Oversight Committee (IOC)**  
**Public Meeting Minutes Summary**  
**Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Bernadine Henderson:** If the member has a family member who is assisting, and they feel like this is the final option. My concern comes in, with our members who are their own guardian. Who may, may not get, you know, may not get enough of the pros and cons, may not get a lot of help deciding, maybe talked into one thing or the other by someone they think, you know, has their best interests at heart. That's who I worry. I worry about those members that are their own guardians, that don't have a good confidant, someone who's really looking out for their best interests because I see them a lot of behavior plans. Members, who are their own member and they're signing off on their behavior thing. But do they really understand what they're doing, you know, you? I don't always see that understanding there.

**Bernadine Henderson:** So, that's where I'm concerned. I mean, I feel like there needs to be some procedure that would protect those, that population in particular.

**Christina Underwood:** That's a very legitimate concern.

**Cynthia Macluskie:** Along that line. Bern, which I love. Because I think that's really important. It has me thinking about, you know, there's a lot of the, there's this new treatment called Ketamine. And ketamine is very effective for, not for depression that doesn't responding to medications. And the research is mostly around IV. But like within I don't even know a heartbeat, all of a sudden there's nasal spray ketamine this and that and home delivery and no oversight and you it becomes an explosion and it becomes a money maker. And so I do think we have to be careful. About the way that we write the policy that we don't inhibit, uh, progress. But also, you know, don't let Private equity, or whatever, get involved and think this is going to be a new way to build clinics and get rich off of our individuals. So, I mean, it's a tough balance.

**Diedra Freedman:** so,

**Christina Underwood:** No, you're right Cynthia, it's a fine. It's a fine line again, right. But you know again hopefully collectively we can, you know, think about all of these things and brainstorm and you know, address these concerns that you guys have brought up today so that we can feel good about, you know, what we put in place. You know, for our members to to obtain ECT when clinically indicated, but. We appreciate you guys bringing up these concerns and again, I mean, I have similar concerns as well.

00:45:16

**Diedra Freedman:** Crystal then Linda.

**Diedra Freedman:** Crystal.

**Diedra Freedman:** Linda.

**Linda Mecham:** I think Crystal's ready, De.

**Diedra Freedman:** Okay, Crystal go for it.

**Crystal Fox:** Yeah, trying to be ready. I'm trying to hear and I have a screaming daughter. So plugs, talk at the same time. So,



**Division of Developmental Disabilities (DDD)**  
**District West Independent Oversight Committee (IOC)**  
**Public Meeting Minutes Summary**  
**Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Crystal Fox:** I had similar concerns as, is it Bernadine. But I had, also like I, I wouldn't mind having some input on the safeguards and all that stuff when it comes to doing that because I think that it would benefit to have a couple of doctors, not just one, that they're kind of hit the, you know, like like have have two prior authorizations. Maybe that way a couple of medical people are looking at it to really see if it's a last resort. And also, I get concerned about the consent process and I get concerned about Some of these, some places do um. Right. Patient. *(Crystal's audio started breaking up)*

**Christina Underwood:** Well, we lost you Crystal.

**Crystal Fox:** Up, you wondering if that wouldn't be. *(Crystal's audio was breaking up)*

**Christina Underwood:** Can you repeat the latter part and I missed your comments.

**Crystal Fox:** Oh, I was just saying that some people do um, ECT inpatient. And some people do ECT outpatient. Again, with the kind of the, some of the side effects of that can be like some memory loss and stuff like that. And it would be probably better if it was initiated inpatient for some of our members just because of, you know, some of the side effects.

**Christina Underwood:** Yeah, and you're right. It's done, both inpatient and outpatient. Generally I would admit outpatient if it's done that way. I mean again, it would be no different than another outpatient surgery. Generally when you have someone, you know, to accompany you and then also obviously, you know, not being, you know. Yeah that period of observation afterwards and...

**Crystal Fox:** Right.

**Christina Underwood:** You know, you obviously can't drive yourself. You have to have someone to pick you up. So they would have all those safeguards. I mean they have those safeguards in place to protect, you know, members. But those are all considerations and things we certainly can look at when that time comes.

**Diedra Freedman:** Linda.

**Linda Mecham:** I have a couple of thoughts, number one, with regards to the safeguards and adding this to Article 9, I believe, having studied Article 9 the way I have the last eight years. I would assume that you would want this to be its own separate category. Correct.

**Leah Gibbs:** I believe that would be something that the committee that's looking at opening the article would make a decision. But certainly, a good recommendation.

**Linda Mecham:** Okay, and then, secondly, I sit on our PRC about twice a week. And do you, do you, Dr Underwood or Leah know how many, um, members served by the Division do not have guardianship or pub fid, or some sort of individual, who is legally responsible for them? Do you know what that number is in DDD?





**Division of Developmental Disabilities (DDD)**  
**District West Independent Oversight Committee (IOC)**  
**Public Meeting Minutes Summary**  
**Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Leah Gibbs:** I know that De knows at one point how many members over 18 did, in fact, have a court appointed Guardian. However, we also have members...

**Diedra Freedman:** 25%.

**Leah Gibbs:** who have medical power of attorneys, power of attorneys, other alternatives to full guardianship, right. And you may be, I know Linda, you know, but there's legislation around the supportive decision making. That will be something else that we're going to be growing.

**Linda Mecham:** Heavily involved in that right now. So my concern is like Bern as well as Crystal I think or Cynthia whoever it was with regards to those folks that do not have. Someone who would help them make this decision or could explain it to them. And like I said, I sit in on our PRC and I hate to say this, but it's most pathetic.

00:50:00

**Linda Mecham:** When I look at their PCSP, they cannot even sign their own document. The PCSP where it says, "member agreement", when they are their own self-advocate, "member, unable to sign". I say, at least have him make his mark but this is, this is not acceptable if we're talking to and then another thing, I'll wrap that up, but and I mentioned in our meeting a couple months ago, when Leah was there with regards to the abuse of the VNS, Um magnet where they were actually using it at the DTA for behaviors when it was not obviously prescribed for that. So, you know me, I'm kind of a hard nut to crack on these kinds of things but I understand the validity of it and I understand that it can be important and necessary and I'm certainly willing from District Central point of view to take a look at it with all of you. But I'm totally concerned about those who do not have someone who is responsible to watch out for them and there are plenty of those out there.

**Diedra Freedman:** Crystal then, Cynthia. Then we're going to wrap this up.

**Crystal Fox:** Yeah, I don't think I ever put my hand down. But one of the things I was thinking is, we would, the other thing we would need to watch is I. I've been in behavioral health for 35 years and I only know a handful of people who have had ECT so it should be very uncommon. And the only people that I've really seen it, seen benefit, are the ones that Cynthia was talking about, catatonia or really severe depression. I'm not saying it's not used for other things. I'm just saying in my years of behavioral health and including 30 years at the state hospital, I've only seen it used a handful of times.

**Cynthia Macluskie:** Also, I want to make sure that we have something in place for ensuring that the provider that's doing it, actually understands things IDD. I think that is really important. We can't just have a willy-nilly person do it. Our population needs special consideration. And they often present differently. And so I think there should be additional requirements around a provider as well. *And I put some things in the chat that I want to make sure are not lost.*

**Chat Messages:** 00:19:21.526,00:19:24.526 *cynthia macluskie: There are several adults with autism and catatonia who want to use this treatment.*



**Division of Developmental Disabilities (DDD)  
District West Independent Oversight Committee (IOC)  
Public Meeting Minutes Summary  
Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

*00:24:49.799,00:24:52.799 Linda Mecham: how can the members receive it if DDD is in conflict with the law?*

*00:34:39.334,00:34:42.334 Cynthia macluskie: Ahcccs and the health plans are currently approving this and what safeguards or guidelines are there now?*

*00:37:01.831,00:37:04.831 Cynthia macluskie: Does DDD have examples of how other states are dealing with this?*

*00:48:00.274,00:48:03.274 Cynthia macluskie: Also would be good to ensure the provider has experience with ID/D*

**Diedra Freedman:** Michelle. I just have a procedural question for you. Before we sign off these meetings, you collect the chat, right?

**Michelle Rademacher:** Yes, the chat is sent to us, liaisons along with the transcripts.

**Diedra Freedman:** Okay. So as long as no one else has any questions, it's now 6:25. So, we need to move on. I just. Just one more comment, Doctor Underwood while, we have you here. Um.

**Diedra Freedman:** We've been concerned, especially those of us who do program review. We've been concerned about the accuracy of records at DDD. Unfortunately things like MED lists within the same behavior plan, don't match. And we've been told by individuals on your staff that DDD doesn't do behavior, plans, providers do behavior plans. And there seems to be no understanding that these people are subcontractors of DDD. DDD is responsible for medical records of DDD members. And especially the individuals on your staff who hold their own professional licenses. They have a problem because they can be held accountable personally, their licenses are online. So, I'm just wondering since this was brought to DDD's attention, if there's been anything done with your staff so that they understand that medical records accuracy and authenticity is not aspirational that it's required.

**00:55:10**

**Christina Underwood:** Well, thanks for bringing that to my attention. I wasn't aware of that, that concern was raised. However, I agree that across the board, the record should align and be consistent. I know just an example of some reviews that we had today. There were a couple that had examples that we sent, we said, "Hey, we need to pend approval", so that we can get alignment of the medications on the different documents. So, we will definitely, I will take that back and make sure that everybody is aware of your concern and make sure it is addressed appropriately.

**Diedra Freedman:** Yeah, I just, this was, this was brought up at the last. I brought it up at the last Statewide IOC meeting. I have a member...

**Christina Underwood:** Okay.

**Diedra Freedman:** who is a registered nurse and she's reviewing behavior plans for PRC. And I don't want her license on the line because she's signing off, this is how she supports her family. So



**Division of Developmental Disabilities (DDD)  
District West Independent Oversight Committee (IOC)  
Public Meeting Minutes Summary  
Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Christina Underwood:** Sure. No, that makes a lot of sense and...

**Diedra Freedman:** and I, unfortunately, as the Medical director for behavioral health,...

**Christina Underwood:** Yeah, thank you.

**Diedra Freedman:** part of DDD, your personal medical license is on the line. If these things are inconsistent.

**Christina Underwood:** Thanks very much.

**Diedra Freedman:** So Perhaps into this stuff.

**Christina Underwood:** Yeah, no, I appreciate your concerns. And for bringing it up today.

**Diedra Freedman:** Thank you for joining us. I appreciate it. Does anybody want to make a motion that DDD District West IOC ask for volunteers, when Leah calls for it, to work with Leah and Dr. Underwood or whomever from Dr. Underwood's staff, on ECT?

### **Motion and Vote**

**Cynthia Macluskie:** I make a motion that District West members get offered the ability to volunteer with DDD in reviewing and looking at policies around ECT.

**Diedra Freedman:** Do I have a second?

**Crystal Fox:** I would second that.

**Diedra Freedman:** Okay. And Michelle, I really have to go down. For everybody?

***Michelle Rademacher: Yes because of standard, open meeting law.***

**Diedra Freedman:** Okay. *Pat.*

+1 623-\*\*\*-\*\*\*37: I,

**Diedra Freedman:** Bern.

***Bernadine Henderson: I***

**Diedra Freedman:** Brad.

***Brad Doyle: I***

**Diedra Freedman:** Crystal.



**Division of Developmental Disabilities (DDD)  
District West Independent Oversight Committee (IOC)  
Public Meeting Minutes Summary  
Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

*Crystal Fox: Aye*

Diedra Freedman: Cynthia.

*Cynthia Macluskie: I*

Diedra Freedman: Diane.

Diane concolino: Aye.

Diedra Freedman: Shelly.

Shelly Vinsant: I,

**Diedra Freedman:** I say, I. So I didn't miss anybody, as far as I know. So, the motion passes eight - zero, so Leah, when you're, when you and Doctor, somebody from Dr. Underwood's staff is ready to put together that group. Hey, you got eight of us who are all interested. So let us know.

**Leah Gibbs:** We are very, very grateful for the support, De. Please know that it won't be just DDD because we don't promote our own legislation, right. We will be locating a stakeholder to support us in this process.

**Diedra Freedman:** Well, I'm hoping that the health plans jump aboard. So but,...

**Leah Gibbs:** Yeah.

**Diedra Freedman:** Every, I'm a pragmatic optimist, so. Everybody thinks I'm a PETA, but I'm a pragmatic optimist. So this, thinking of the health plans is Dawn or Summer, do you want to add anything to this discussion?

**Dawn McReynolds UHC OIFA:** Hi De, this is Dawn. I'm not able to add to this discussion at this point. However if you have some questions for United Healthcare, I'd be happy to take those back.

**Diedra Freedman:** Summer.

**Diedra Freedman:** Summer's gonna be quiet on this one. I think it's gonna join Dawn and her comment Cynthia.

**Cynthia Macluskie:** I would love to know, from the health plans, how they're currently doing this. If they're using prior authorization and if they can even tell us how many *people have undergone this therapy... (unintelligible)*

**Dawn McReynolds UHC OIFA:** Hi De.

**Diedra Freedman:** You can.



**Division of Developmental Disabilities (DDD)  
District West Independent Oversight Committee (IOC)  
Public Meeting Minutes Summary  
Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Dawn McReynolds UHC OIFA:** This is Dawn McReynolds. *Cynthia I am acknowledging your question and I will, as you know, I will talk with Amy tomorrow and make sure an is provided.*

**01:00:00**

**Diedra Freedman:** What we, what we could do is put it on the agenda for our next meeting, if we would, if we would like to do that. And then we can invite Dawn and Summer to talk about what their Pre-auth processes is.

**Dawn McReynolds UHC OIFA:** De, If you would like to do that,...

**+1 623-\*\*\*-\*\*37:** Yeah.

**Dawn McReynolds UHC OIFA:** Would you please go through, Michelle. And, and then make that request official and...

**Diedra Freedman:** Oh yeah.

**Dawn McReynolds UHC OIFA:** then we could do that.

**Diedra Freedman:** Oh no, Dawn we'll. I don't invite anybody to anything. Michelle, no,...

**Dawn McReynolds UHC OIFA:** Okay.

**Diedra Freedman:** Michelle does it. We just tell Michelle what we want, what we would like on the agenda and then Michelle sends out the invitations and if the people invited wish to join us, then they join us. So, and obviously it won't be, you guys are here. It may be somebody else from United and somebody else from Mercy care. We don't. We don't care. You just,...

**Dawn McReynolds UHC OIFA:** Okay, all right. Thank you.

**Diedra Freedman:** you're just on the call, so I didn't mean to put you on the spot. So, I'm sure somebody from Doctor Underwood's staff will probably join us for that conversation to talk about how DDD is involved in that. So it is now 6:33. We need to move on.

**Discussion on DDD's Incident Review Process - Missing Member, DCS  
Involvement and Member Death**

**Diedra Freedman:** I'm gonna. I'm gonna hold number five discussion on our June and July summer break to the end so that we can get through discussion on DDD's incident review process.



**Division of Developmental Disabilities (DDD)**  
**District West Independent Oversight Committee (IOC)**  
**Public Meeting Minutes Summary**  
**Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Diedra Freedman:** Um, I want to be careful. And not everybody on the not, everybody on the committee understands why this item is on the agenda. We have to be very careful. We can't talk about specific individuals because if we do, then we have to go into executive session. And we're not. We're not here to talk about a specific DDD member and what happened in that specific case. Um, just suffice it to say, there was a DDD member who was in DCS custody and...

**Diedra Freedman:** yes I'm sorry, DDD had no idea for over four months that the individual was not residing in the group home, the DCS group home, where they were supposed to be residing. Then it has to, it has to do with lack of communication. It doesn't, nobody. Nobody is saying that it has to do with a DDD support coordinator who didn't do their job. It's just, it's a system failure and that's what we're here to talk about. So we all need to keep that in mind. We're not talking about an specific individual. We're talking about a systemic problem. So, Michelle whoever's going to do that presentation for us, take it away.

**Michelle Rademacher:** Okay, so the agenda item there are two agenda items. One is a discussion on DDD's incident review process, missing member, DCS Involvement and serious incident. I believe we have Carl here and he's going to speak on that.

**Carl Burik:** Hi. Good afternoon everyone or good evening. Again this is Carl Burik with DDD. You know, again, I know, thank you for that segue into this and I, you know, it it without getting into the very specifics of the case. I, I really just want to mention that, you know, from my perspective, you know, we the division acts upon the incidents that are reported to us. So that's what triggers, for lack a better terms,...

**Carl Burik:** my team because I am responsible for all of the incidents that to do come into the Division. So I have a team that works through those, assesses those and that would also complete that investigative process. So you know that in order for the Division to take any type of action, we would first need to be notified that the incident occurred and I think as you had mentioned, in this case, there was that delay and getting notification to the Division. And I know again, without getting into the very specifics of this case, that this, you know, this member was in DCS custody and the services being provided at the time were outside of support coordination through DCS.

**01:05:00**

**Carl Burik:** So I don't know what questions you might have or if you want, really what, what I can help explain from the incident process and kind of how we handle it as they come in through the division, I'd be more than happy to talk through, or answer some questions that you might have. I just want to be sure that I'm answering the question, your question and provide you with the information that you do need.

**Bernadine Henderson:** so, my my concern with this case is



**Division of Developmental Disabilities (DDD)**  
**District West Independent Oversight Committee (IOC)**  
**Public Meeting Minutes Summary**  
**Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Bernadine Henderson:** We were never notified that he was awol. So this kid had been awol for a while. And that instant report was never filed. So, like I just feel like, this person fell through the cracks. Of, you know, we didn't know he was missing DDD. Didn't know. And I say we, I mean like the Department of Developmental Disabilities didn't know. He was missing. No one was looking for him. Um, I mean, I understand there's some other things. He was not in a DDD placement, but he should have been so some of that falls with DCS says well but like I don't I just find it so sad that this kid had been missing had been AWOL probably for six eight weeks before he was found dead. And that was incredibly sad to me. It's just, it he fell between the cracks and nobody, nobody had his best interests at heart. That's what I. And I understand, he had a history of awol, you know. But DDD was not informed that he was able and no one was really, you know, like looking for him.

**Diedra Freedman:** Diane.

**Diane Concolino:** Hi Carl. This is Diane Concolino and calling. I mean talking to you right now, calling I'm sorry. Um, were the police called?

**Carl Burik:** But to be like that, I, we don't know. So again, without getting into the specific specifics of the case, I'm. I do not have that information.

**Diedra Freedman:** Carl, can you walk us through what should have happened?

**Carl Burik:** Well, I can tell you from a, you know, from I'll just use from our qualified vendor network. And I'm not sure if you are all aware. Hopefully you all saw the new provider manual policy that we had released to help explain what are reportable incidents. So I could explain from my perspective, what I would expect our qualified vendors to do. So, Sure.

**Diedra Freedman:** Is it, before we go any further. Is DCS considered to be a qualified vendor for DDD.

**Carl Burik:** Mmm. No.

**Leah Gibbs:** No.

**Diedra Freedman:** So, is there some sort of an interagency compact that you have with them regarding what happens with DDD members in their care and communication?

**Diedra Freedman:** I'm not asking this to be accusatory. The purpose of the IOC.

**Carl Burik:** Right. no,...

**Carl Burik:** my understanding that we do, there isn't oh,

**Diedra Freedman:** is to help you, so, if there isn't that, maybe one thing that we may want to recommend.



**Division of Developmental Disabilities (DDD)  
District West Independent Oversight Committee (IOC)  
Public Meeting Minutes Summary  
Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Carl Burik:** No there. I, my understanding and again, I am removed from those processes again from but my understanding, there is an intergovernmental agreement that we do have with DCS. I do not know the specifics again because just because of my role I'm removed from those pieces, but I that is something that, you know, the communication. I agree that needs to be there, you know, we should be better communicators, especially when we are dealing with, you know, the population that we do serve. So, That is something that we could, I've made Zane aware of as well. And look to get open those lines of communication with DCS to see how we can better communicate, especially with reporting of incidents.

**Chat Messages:**01:09:16.213,01:09:19.213 **Linda Mecham:** Is the policy you are referring to actually in policy now, or still out for public comment?

01:10:00

**Diedra Freedman:** And it is, is there a DDD liaison for DCS?

**Leah Gibbs:** You want me to take that one, Carl? There is a vacant position that we are in the process of filling De.

**Carl Burik:** Go right ahead Leah.

**Diedra Freedman:** How long has it been vacant?

**Leah Gibbs:** Yes. Not. Oh. But, can I guess? I would say.

**Diedra Freedman:** Yeah, yeah. We're not gonna hold you to it, Leah.

**Leah Gibbs:** I want to say, It's probably been about three months. We needed to update the position description because it hadn't been updated for a long time. It's been posted and it, the hiring list is coming in. So and...

**Diedra Freedman:** Okay.

**Leah Gibbs:** just so you know, De, that position does fall under OIFA.

**Diedra Freedman:** Okay.

**Carl Burik:** Oh, I see. Somebody's hand is raised before I move on. Did somebody want to ask another question?

**Diane Concolino:** Yes, Carl's is Diane again. I just, you know, CPS or DCS now they call it. When I work for CPS, but they have their own DDD divisions handling CPS cases. So I don't understand how that dropped the ball, dropped here. I don't understand it. It should never have dropped.

**Bernadine Henderson:** I don't think they have a DDD and that just handles CPS. I mean DCS anymore. I used to





**Division of Developmental Disabilities (DDD)**  
**District West Independent Oversight Committee (IOC)**  
**Public Meeting Minutes Summary**  
**Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Leah Gibbs:** They used to.

**Diane Concolino:** Well then that was just a couple years ago. Three years ago.

**Bernadine Henderson:** Yeah, I think I think they melded those cases into other people's case plans, they don't have a dedicated unit anymore. Am I right Leah?

**Leah Gibbs:** That is my understanding, Bernie but you know. I hate to really speak. For them.

**Leah Gibbs:** But but we all recognize that and it is just so that, you know, something Carl and I had discussed about trying to get our hands on that intergovernmental agreement and make sure what the content is.

**Diedra Freedman:** so, Here's what I would like. And obviously, I can't make motions. Okay. What I would like somebody to make a motion that DDD District West recommend that the intergovernmental agreement between DDD and DCS meet the same standards as the new policy that DDD just published for what it expects of its vendors.

**Bernadine Henderson:** Before we do that, can I say something?

**Diedra Freedman:** Sure.

**Bernadine Henderson:** DCS has a program manager who deals only with DDD. Leah, Did you know that?

**Leah Gibbs:** Not today, I did not Bern.

**Bernadine Henderson:** Okay, well, that person happens to be my husband. So I really think it would.

**Leah Gibbs:** Oh, I think that's fantastic. And we need to be meeting.

**Bernadine Henderson:** I think it would be wonderful for you or Carl to reach out to Billy and to see what you guys can do to communicate that. I know a little more about that case. Just because I asked lots of questions. But Leah, I think that if you reached out to Billy, he would be more than happy to help you.

**Leah Gibbs:** That is so kind of you.

**Bernadine Henderson:** um, the information that you need to have a better relationship with DCS.

**Leah Gibbs:** That's wonderful. And what I'd love to do is because that position should be filled fairly soon. Is to have that person involved. Yeah, do you mind giving me contact information in the chat?

**Bernadine Henderson:** Absolutely.

**Bernadine Henderson:** Um yeah. I will. I'll just give you his email. It's Billy.Henderson at whatever the DCS following is. I don't know the top of my head but it's Billy.Henderson. Yes.



**Division of Developmental Disabilities (DDD)  
District West Independent Oversight Committee (IOC)  
Public Meeting Minutes Summary  
Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Leah Gibbs:** Billy with a Y.

**Diedra Freedman:** Cynthia, then. Linda.

**Cynthia Macluskie:** Bern. Do you know why there's no longer a department of DDD with the DCS. Like what? Why did that go away? Do we know?

**Bernadine Henderson:** I don't know, but I know it happened when Billy was still with DDD. They decided to take those cases and put them out. I don't know if, like, it was, you know, my thought is, you know, all of the DDD are organized by zip code. And so, if you take all the DCS kids and put them with one group, then they're traveling all through the valley. So that's probably, that's my guess. But I don't know that for sure but they were put back into their zip codes is what I understood.

**01:15:00**

**Cynthia Macluskie:** Because, I mean, I'm okay with what you were saying, but to me that over time. And this is just my perspective. The programs within programs that protect DDD clientele have disappeared. And so if you look at crisis, there used to be a DDD crisis team but no longer and now, we're talking about DCS that used to have a team for DDD but no longer exists. And this transition to me, appears to be putting our people at risk. I don't know if you, I just throw it up.

**Diedra Freedman:** Linda, then Crystal.

**Linda Mecham:** Sorry, but thank you De. I just wonder. I put a question in the chat. Is the policy, Carl, that you're referring to. Is it actually in policy now? Or is it still out for public comment?

**Carl Burik:** It is actually in policy and posted. It's under the provider manual. It's Chapter 70.

**Linda Mecham:** Okay, thank you.

**Carl Burik:** You're welcome.

**Diedra Freedman:** Crystal.

**Crystal Fox:** Yeah I just wanted to go get out there with saying, I agree with Cynthia. I wonder if they should re-look at making a special thing with CPS with DDD. So the special unit or whatever was because maybe that's part of the reason it fell through the cracks.

### **Motion and Vote**

**Diedra Freedman:** So, Does anybody have a motion that we recommend that the intergovernmental agreement between DDD and...



**Division of Developmental Disabilities (DDD)  
District West Independent Oversight Committee (IOC)  
Public Meeting Minutes Summary  
Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Diedra Freedman:** DCS include the same standards as DDD Provider Manual, Chapter 70.

**Diedra Freedman:** Crystal.

**Crystal Fox:** Oh, that wasn't, I didn't mean to do that.

**Bernadine Henderson:** I have motion.

**+1 623-\*\*\*-\*\*37:** I make.

**Crystal Fox:** I can make it.

**Bernadine Henderson:** I cannot re-word everything you just.

**Crystal Fox:** Yeah, I was gonna say the same thing and I can second that motion but I can't re-word it either.

**Diane Concolino:** Me too. I say what Deirdre said.

**Diedra Freedman:** Okay, We need a vote. I got to go down the line, so be patient with me. Pat.

**+1 623-\*\*\*-\*\*37:** as well, you Yes.

**Diedra Freedman:** Okay, I think Pat just said, yay. Over my mouth. Bern.

**Bernadine Henderson:** Yes.

**Diedra Freedman:** Brad.

***Brad Doyle: Yes***

**Diedra Freedman:** Crystal.

**Crystal Fox:** Yes.

**Diedra Freedman:** Cynthia.

***Cynthia Macluskie: Yes***

**Diedra Freedman:**Diane.

**Diane Concolino:** Yes.

**Diedra Freedman:** Shelly.

***Shelly Vinsant: Yes***



**Division of Developmental Disabilities (DDD)  
District West Independent Oversight Committee (IOC)  
Public Meeting Minutes Summary  
Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Diedra Freedman:** And I vote. Yes. So it's eight-zero. So, we recommend that the intergovernmental compact include the same provisions that DDD requires of its, for its vendors in Chapter 70, Carl. It is Chapter 70, right?

**Carl Burik:** Yeah, the provider manual Chapter 70 and also just as a reference, you know, we do follow AM/PM 961, which also outlines, what are, you know again, what AHCCCS considers as reportable incidents as well. So Chapter 70 is based off of 961. Just want that out there.

**Diedra Freedman:** 9761 or 961.

**Carl Burik:** Nine six one. Yep.

**Discussion on DDD Incident Reporting Procedures - Stats. (with raw data and percentages) for DDD District West and DDD Statewide**

**Diedra Freedman:** Okay. Okay. All right now our next item, you're still on the hot seat Carl. Sorry about that.

**Carl Burik:** No worries.

**Diedra Freedman:** is a

**Diedra Freedman:** DDD's incident reporting procedures, Diane had some questions.

**Diane Concolino:** Yes, Carl it's me again. What is the percentage?

**Carl Burik:** Hello.

**Diane Concolino:** Do you happen to have the percentage of the incident reports that qualify to be investigated? Do you have that?

**Carl Burik:** So, Right now, the way that my team is true is we track and trend all day, all the day that's coming in. I have real rough numbers, I, you know, but it's not district specific. So I, you know, for example, I could tell you that the Division receives anywhere between 3,000 and 4,000 incidents per month,

**01:20:00**

**Diane Concolino:** Three to four thousand a month?

**Carl Burik:** Yes, three to four thousand incidents per month. We again, I please forgive my terminology here, but out of those 3,000 to 4,000 incidents. We have what we call, it's more of, how many of those elevate to what a quality of care concern is? So, we at. We have anywhere between 300 to 400 quality of care concerns each month, currently. That's kind of where we're averaging right now. Across, again please this is across all districts.



**Division of Developmental Disabilities (DDD)**  
**District West Independent Oversight Committee (IOC)**  
**Public Meeting Minutes Summary**  
**Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Diane Concolino:** This is a state. This is for the whole state.

**Carl Burik:** The state,...the whole state, correct.

**Diane Concolino:** Oh, now how what's the qualifications for an investigation and who does your investigations?

**Carl Burik:** So, the QOC so AM/PM 960 kind of talks about the quality of care concerns. So I have a group of nurses, my triage nurses, that review, every single incident that comes into the Division every single day. So how. And then they would based on they would make those determinations if it elevates to what is considered a quality of care concern. So I, you know, some of the obvious ones abuse, neglect, exploitation, you know, I'm assuming those would elevate to a quality of care concern. We, my team, again, I have another team that would complete all of the investigations. We are required by contract as well as by AM/PM to conduct our own investigations.

**Diane Concolino:** Okay.

**Carl Burik:** So I have a team that will ever, you know, QOCs that are made, we would investigate those QOCs.

**Diedra Freedman:** So Carl, what happens to the other 90% of the incident reports that are filed each month?

**Carl Burik:** Great question. Again, those are those we review for track and trends. So if we identify a trend then we would bring that up to the appropriate either parties or departments. So again, for example let's just say, again, these are all hypothetical. Let's just say that we see that somebody that we're supporting had, let's say, fallen, you know, 20 times or we've received 20 incidents of an individual falling. And a group home over the last three months, right. We would, that would be a trend we would say, oh what you know, and we would bring up questions. So then you know, that is something that we would reach out to support coordination to the you know to the vendor and have them work to figure out what you know what might be going on right. Was there a medication change that could be causing the falls? Is there something else right? So we would identify the trends and then we would really that to the appropriate department for any type of follow-up action.

**Diane Concolino:** Do you call APS? Do you put a reports in on these incidents to APS? Because some of them meet that qualification of a report.

**Carl Burik:** Yeah, we are mandated reporters so if an incident that again, our quality, our vendors, our qualified vendors are also mandated reporters, so they are required to report anything to DCs or APS. If it's it,...

**Diedra Freedman:** Can we Carl? Can we just clarify that every adult in the state of Arizona

**Carl Burik:** yes, ma'am.

**Diedra Freedman:** Under Arizona Law is a quality, is a mandated reporter.



**Division of Developmental Disabilities (DDD)  
District West Independent Oversight Committee (IOC)  
Public Meeting Minutes Summary  
Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Diedra Freedman:** That's what the Arizona law reads. I didn't write.

**Carl Burik:** Yeah.

**Diedra Freedman:** That's what the law reads.

**Carl Burik:** So I would, I would think, and I would hope that everybody would report that again. I'm that, what? What's the term optimist? That everybody would do that but as far as I know my team, I could speak for my team and me personally that if we come across an incident that we found that APS or DCS was not reported. We do make those reports.

**Cynthia Macluskie:** De, can I ask a question? So I and...

**Diedra Freedman:** Sure. Cynthia.

**Cynthia Macluskie:** I don't know if this is related. So you can just, you guys can tell me that it's not. But I noticed that DDD put out a new policy in the last month on the definition of what an unexpected death and an expected death was. Which I found helpful and interesting, but I also felt like those definitions didn't match the report that we get that clarifies the death as being unexpected or expected. Now, does that come from you guys or is that a separate department?

**01:25:00**

**Carl Burik:** so, So those, the unexpected and expected deaths are just some terminologies that all incidents of death should be reported to the Division and would filter through my quality team. And each death is reviewed by our QM medical director, So, every single death that comes in,

**Cynthia Macluskie:** So, did that just change recently, because And am I correct that you guys just put out new an update on the policy of definitions?

**Leah Gibbs:** No, actually Cynthia you as a committee you asked for to in, in how we function, what we're using, as our definition, it's not really policy.

**Cynthia Macluskie:** But our policy that came out in the last month that talked about expected and unexpected deaths.

**Linda Mecham:** Leah, excuse me, but I think you told us yesterday that those were to align with AHCCCS definitions.

**Leah Gibbs:** I have to apologize, Cynthia, because I was thinking more of the District IOC's inquiries that came in through the Division and we received inquiries from two different Um IOC's asking Carl about how we define those. And yes that is correct in the policies that are you received that are for comment from the IOCs. Those definitions are from AHCCCS.



**Division of Developmental Disabilities (DDD)**  
**District West Independent Oversight Committee (IOC)**  
**Public Meeting Minutes Summary**  
**Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Cynthia Macluskie:** So are there new? Because they don't seem to match the reports that we got in the past.

**cynthia macluskie:** Okay, I just

**Carl Burik:** Yeah, I'm not sure if I'd be able to answer that one either without, you know, seeing it. But you know, that the terminology, unexpected and expected deaths. And I know we submitted it through some of the inquiries but you know, they're the unexpected deaths are. It's a large category, right. Usually how we would identify it, or how our medical director would identify would be, you know. And again, these are all hypotheticals. You know, if we, if we had one, an individual that let's just say was you know in end stage cancer, right. And was in hospice and they passed away. That would be something that the Division would More than likely consider as an expected death.

**Cynthia Macluskie:** Okay. just,...

**Diedra Freedman:** Carl, just hold on a second, Cynthia.

**Cynthia Macluskie:** but in the past,

**Diedra Freedman:** What one of the reasons that we're confused. Is because we've seen several death reports where individuals are in hospice and yet, it seemed like, their deaths were classified as unexpected. It seemed very difficult to have an expected death. I think I saw, I think, I've seen one in the last six months in District West. And that's why we're asking you these questions. It is an implementation problem.

**Carl Burik:** Oh yeah. And that Yeah and...

**Diedra Freedman:** I think.

**Carl Burik:** that could be again I without seeing the the information that you all have and you know, it could again could have been a breakdown in the communication, it could it. There's a lot of factors that could go into that, but, you know, I'm just trying to speak in general, but feel free to reach out to me. I think you all should have my email address, if not, I'm sure we could get that out to you guys. I'd be more than happy to do what I can to better answer your questions. But On, you know, on some of the past and it could have been classified in, you know, inappropriately at that time. And again, I just want to make clear that those, you know, those are some of the terminologies that we use, you know, to try to categorize, you know, the passing.

**Cynthia Macluskie:** I just felt like it was much clearer, this new policy that's aligning with AHCCCS and clear to me. So I'm hoping that when we see reports now,

**Carl Burik:** Right.

**Cynthia Macluskie:** *It'll make more sense than it has in the past. And Linda has her hand up. I wonder, Linda, do you have something to add to this?*

**Carl Burik:** Yeah. Sure.



**Division of Developmental Disabilities (DDD)**  
**District West Independent Oversight Committee (IOC)**  
**Public Meeting Minutes Summary**  
**Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Linda Mecham:** Well, I was just wondering, based upon what we heard yesterday in our meeting. And the fact that they do not align, if once the policy passes, if DDD would align their definitions, In what they have with this. As far as the incident reports are going and how you classify that in order to keep all together,.

**Carl Burik:** Yeah. Yeah. I'm all, you know, again I've been doing my best, you know, since I've started here to, you know, a better align our, you know, the Division policies with AHCCCS. And the requirements, and obviously, there are some unique, you know, just as I'm not sure if you're all aware but, you know, the am/pm, which is, I can't remember what the acronym is. I think it's the AHCCCS medical Medical Policy Manual.

**01:30:00**

**Leah Gibbs:** Medical policy, you got it.

**Carl Burik:** That you know, I just want to make the look call out that those policies are written for all health plans.

**Carl Burik:** So, you know, we, I, I'm doing my best to, you know, add some of those nuances that the Division will have, you know, with the individuals that we do support. So I, you know, I'm being I want to be in alignment with AHCCCS but I also want to be sure that aligning if there are those nuances in our policies in the Division policies. So we do have a corresponding Division Medical Policy Manual 960, 961 as well which I believe, I think, I have been. I know we're right in the middle of reviewing all of the QM policies. So you probably have been receiving a lot of communications of late of our of the changes that we are proposing. But I do. That's my goal is to align as best I can with AHCCCS.

**Diedra Freedman:** Diane's, Diane's got a question, but Diane if you'll indulge me one, one minute. Carl, how is the, how is the transition to the AHCCCS database for IRS going? Do we have a date yet as to when that's gonna happen?

**Carl Burik:** That is a fantastic question. As I hopefully you all know that we've recently implemented the new incident report. I know there are some vendor blasts related to that. My goal is to be in the portal by October 1st.

**Diedra Freedman:** Okay. and in just, Just some information, so that everybody's on the same page. Arizona is not the only state with Am/pms. Every state has their own version of the Am/pm because that stuff is actually set by the Feds at CMS. So, it's actually Medicare Medicaid policy that we have to follow. So, what Carl's talking about, The heavy lift that he's got to make sure that the DDD policies are in line with am/pm. If he doesn't do that. The. Medicaid money that DDD gets could be in jeopardy. And in light of the fact that AHCCCS just suspended the provider registration for 100 plus AHCCCS registered providers to provide behavioral health services.





**Division of Developmental Disabilities (DDD)  
District West Independent Oversight Committee (IOC)  
Public Meeting Minutes Summary  
Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Diedra Freedman:** If I were Carl, I would be going over everything with a fine tooth comb. And making sure that everything aligns. Because for the next five years, it's going to be audit, audit, audit, audit. And Carl knows that. So I'm not telling them.

**Carl Burik:** I am doing my best to be sure that our policies are as close as I can to AHCCCS.

**Diedra Freedman:** But I want them to, I want the committee to understand, Carl, that that's a very heavy lift.

**Carl Burik:** I appreciate that. Thank you.

**Diedra Freedman:** So I'm sorry, Diane, you had more question.

**Diane Concolino:** That's okay. De. Um, who is the majority of the people that call in incident reports? Various people or is just the providers?

**Carl Burik:** So, The great question, you know, again, I don't have everything in front of me but the vast majority is coming from our qualified vendor network. But we do get, you know, individuals, we do get family members, You know, we will receive, you know, a concern or complaint from anybody. And as long as it's communicated and...

**Diane Concolino:** All right.

**Carl Burik:** forwarded up to my team, we will, we will review it.

**Diane Concolino:** Okay, and who writes those reports for you?

**Carl Burik:** So, the incident reports, the qualified vendors are required to write the incident reports. So, if they, you know, again, let's just say Carl fell in the group home, right. And, and, you know, sprained his knee, you know, I I The vendors are required to report that incident to the Division. So their staff would write the incident report and send it over. Additionally, our support coordinators,...

**Diane Concolino:** oh,

**Carl Burik:** will submit incident reports. If it's communicated, you know, to customer service sometimes, you know, a lot of people will call into customer service. So customer service will forward those on to my unit, if appropriate, so we'll get them from all sources.

**Chat Message:** 01:30:13.484,01:30:16.484 Christina Underwood: Sorry, I need to drop; thanks for having me; looking forward to working with you on revision of the legislation.

01:35:00

**Diedra Freedman:** And Carl, can you just reiterate for the record. Now everybody has to send it in using the same universal form, correct.



**Division of Developmental Disabilities (DDD)**  
**District West Independent Oversight Committee (IOC)**  
**Public Meeting Minutes Summary**  
**Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Carl Burik:** That is our requirement. The, the new form. We, obviously we are allowing our qualified vendors that use electronic systems to, you know, they might put their logo on it or whatnot. But the form is the form. They, you know, and we made it clear in the FAQ, that if they are, you know, can you know, moving. If they do use that electronic, it has to mirror our form.

**Diedra Freedman:** I just, Carl. Again, I want the committee to understand what a heavy lift your department has had for the last two decades because you haven't had a universal form.

**Carl Burik:** Yeah, I'm really excited to get this new form out. I think it'll also provide you as the IOCs, you know, more information up front, right. You know, some of the quick, you know, obviously I wasn't part of the work group that you that the Division, the IOC and AHCCCS participated in. But, you know, this is a result of that collaboration, right. And the Division moving forward to, you know, do what we can to get more, you know, the needed information, right, to help us make determinations and you know, when we are reviewing those incidents. So I'm really excited about the new form.

**Diedra Freedman:** Diane.

**Diane Concolino:** Carl, do, would you think that having the provider do their own reports would be a conflict of interest at all?

**Carl Burik:** Um, well. I guess they're the one that witnessed the report, the incident, you know, and we would expect that they would, you know, uphold to the same ethical and and have integrity to, you know, to write accurate incident reports. But again, you know, the Division we're not out in the community 24/7 and you know, of course, you know my expectations, if any Division member witnesses an incident that they're reporting it right away or...

**Diane Concolino:** All right.

**Carl Burik:** if they were involved with an incident. So that expectation is set out in our policy, for all of our vendors that they,...

**Diane Concolino:** All...All right,...

**Carl Burik:** you know

**Carl Burik:** again, they're required.

**Diane Concolino:** I appreciate what you do.

**Carl Burik:** Thank you.

**Diedra Freedman:** Anybody have any more questions for Carl?



**Division of Developmental Disabilities (DDD)**  
**District West Independent Oversight Committee (IOC)**  
**Public Meeting Minutes Summary**  
**Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Diedra Freedman:** Carl, we appreciate your joining us in explaining this. We're not, I don't want you to think in any way shape or form that. That you were asked, because we're worried about the job that Diane and her team are doing. We just, we just want a better understand the system so that we can make recommendations, just like the recommendation that we did. Whether anybody listens to our recommendations or not. Carl, I can't promise anything. But it at least they're on the record.

**Carl Burik:** And I appreciate all the feedback. Again I, you know, I'm always looking to improve processes and what can we do better. So I look forward to recommendations because it's that you know it's like you said It's not me looking in, sometimes I might miss something, so no I'm I'm very you know I was grateful to be invited. I You know, I really appreciate being here and if there's anything that I could do, please, don't hesitate to reach out. I'd, you know, I would love to attend more IOCs, just to kind of listen in and be there.

**Diedra Freedman:** You're welcome anytime, Carl.

**Carl Burik:** I appreciate that.

**Diedra Freedman:** Crystal.

**Crystal Fox:** I only have one thing that I think is just an interesting thought. So I work at a small behavioral health facility and Again, I'm curious to know like when a patient goes into a inpatient setting and if incidents reports follow them, like if, let's say they went to my like to Copper Springs and they had an incident at Copper Springs and they're DDD member. I don't think you guys would have access to those incident reports because they belong to the institution. I'm just curious that might be something to think about in the future if we want the incident reports to follow the members.

**01:40:00**

**Carl Burik:** They should. Again, you know, as you all know, the help we subcontract, you know, physical and behavioral health services to our, you know, Mercy Care and United. So if that is a contracted vendor and it is a DDD member, they those incident reports should be made to that health plan. So they are held to the same am/pm 960 961 just like the Division. So you know in those entities they should be, you know, receiving those incident reports and actually my team does have oversight of those incidents and quality of care concerns just like AHCCCS has oversight over us.

**Diedra Freedman:** And are we Carl I've never seen an incident report from an inpatient facility. Are those included with the IRs that the IOC's review?

**Carl Burik:** That I would have to check with Leah. All of their incident reports are direct entry into the portal So they're not coming through DDD.

**Diedra Freedman:** Okay, well, will that change when we move to the AHCCCS System?

**Carl Burik:** My understanding, yes. But, I please don't quote me.

**Diedra Freedman:** Okay.



**Division of Developmental Disabilities (DDD)  
District West Independent Oversight Committee (IOC)  
Public Meeting Minutes Summary  
Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Diedra Freedman:** What we may just have to make another recommendation, Carl we're good at making recommendations.

**Carl Burik:** There. But yeah, again, my understanding it, you know, you all have that line of sight to, you know, the incidents and QOCs related to DDD members. So

**Diedra Freedman:** We try, does anybody else have any questions for Carl? Linda.

**Carl Burik:** Yeah.

**Linda Mecham:** We have the same question asked in our Committee with regards to our availability to see all of the incident reports. And we were told that AHCCCS has its own IOC and that they would see, they would be the ones that would read those, not us. So I don't know...

**Carl Burik:** Okay.

**Linda Mecham:** if that's correct, you know it's all an evolving process but that's what we've been told.

**Diedra Freedman:** Hey, Larry, do you have any,...

**Carl Burik:** Yeah.

**Diedra Freedman:** Do you have any insight on that?

**Lawrence Allen:** I'm sorry, De, I do not.

**Diedra Freedman:** Can you find that out for us?

**Lawrence Allen:** I can ask and see what I can find out for you. Sure, no problem.

**Diedra Freedman:** Okay, and I just want it on the record.

**Diedra Freedman:** From our last discussion about DCS DDD. There's still no DCS IOC, is that correct? Even though it's required by law.

**Lawrence Allen:** As of right now. Yes.

**Diedra Freedman:** Okay. Not and not, Larry. That's nothing. There is no implication there that it's Larry Allen's job to have one. I just want the record clearly.

**Carl Burik:** Right.

**Lawrence Allen:** You know, understood.

**Diedra Freedman:** I appreciate it. Okay, we ready to move on, I don't see any hands up.



**Division of Developmental Disabilities (DDD)  
District West Independent Oversight Committee (IOC)  
Public Meeting Minutes Summary  
Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Carl Burik:** Oh I do want to say again thank you so much for having me and again please let me know if I'm gonna do my best to try to attend more of these IOC meetings as possible. I do need to jump, I got to go coach my son's club baseball team. No, thank you all and...

**Diedra Freedman:** Oh wow. Thanks Carl.

**Carl Burik:** please don't hesitate to reach out to me if there's anything else I could do to better assist.

**Carl Burik:** All right, I'll do my best. Thank you. All.

### **Policy Notification Review and Discussion**

**Diedra Freedman:** Okay, are we ready for? Thanks. Does anybody have any questions on any policy notifications?

**Diedra Freedman:** I think the questions that we had got answered along the way. Does anybody have any other questions? Okay, I Michelle DDD staff update. Oh Crystal.

**Crystal Fox:** Yeah, the one policy that I saw. I guess I had a concern with getting behavioral health services through DDD. They and I can just. I'm going to mention just what I went through with my daughter when she was younger. They sent us to the OIFA or whatever you call that and we ended up meeting for six months. And never got any behavioral health support. so, there was a big hole in the, in the system there and I see that they're still outsourcing.

**01:45:00**

**Diedra Freedman:** Nope. Crystals,...

**Crystal Fox:** No. Okay. Good.

**Diedra Freedman:** Leah's, Leah's gonna jump in here because Leah is the OIFA administrator. In Leah's actually got a specific behavioral health advocate on her staff. So,

**Crystal Fox:** Good. Okay.

**Leah Gibbs:** Actually, I have multiple and...

**Crystal Fox:** Okay.

**Leah Gibbs:** Crystal, just generally how many years ago was that?

**Crystal Fox:** Oh, probably 10, at least 10 to 12 years ago.

**Leah Gibbs:** So the Division of Developmental disabilities back in 2019 when we integrated physical health and behavioral health, we established the Office of Individual and Family Affairs in DDD. So we never had one before then and the OIFA office in DDD. I have got a supervisor and currently, three full-time staff and



**Division of Developmental Disabilities (DDD)**  
**District West Independent Oversight Committee (IOC)**  
**Public Meeting Minutes Summary**  
**Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

about to add a fourth full-time staff, and their entire job is to help families navigate and connect to behavioral health services that they need. And they get their referrals through their support coordinator, they work with the support coordination team. When we need to we reach out and bring in complex care specialists but that's what we do.

**Crystal Fox:** Okay, yeah, I had only one request and that was to get a bcba, and I've never gotten one from DDD yet.

**Leah Gibbs:** Yeah, well and it is a service that is available through our health plans. Okay.

**Crystal Fox:** Okay.

**Diedra Freedman:** Cynthia.

**Cynthia Macluskie:** Well, I appreciate the DDD has OIFA and I know Leah you do a great job. However, there's a lot to be desired in the coordination of care when it comes to behavioral health. And part of the problem is that families really don't know a lot of times they have behavioral health. A lot of support coordinators don't really understand it either. And so by the time they get to OIFA, they're usually already in crisis. And I think it's very hard for OIFA to solve issues instantaneously. When these members are actually in crisis and have been in crisis long-term. And I don't think OIFA's a miracle worker. And we just recently had a case.

**Cynthia Macluskie:** and I believe that the entire system wants to do their best. But there is significant lacking of providers for our members who have complex needs and complex behaviors, especially those who are nonverbal and it's almost impossible to get a complete medical workup and behavioral health workup. To really truly address those issues. And that's not on OIFA necessarily. But it's on AHCCCS, the health plans, DDD. There's a huge gap in service there, and I don't want that to go unnoticed.

**Diedra Freedman:** Anybody else?

**Summer Kamal - Mercy Care:** Hi team. This is Summer over at Mercy Care. And De, I apologize, my I had to use another phone, my phone wouldn't work when you asked me to speak up. But in regards to Cynthia, what you're speaking about. Of course, my role here at Mercy Care is the behavioral health coordinator and I do work very closely with our OIFA team here at Mercy Care. Also at OIFA team at DDD. I think one thing that would be helpful is if you hear families struggling and need support with behavioral health services and are unsure how to support, they can always call our member services or they can always reach out to me. I don't. I sometimes get involved with members' specific concerns, but a lot of times what I do support is if we have those unique situations where we're unsure how the system can support that member. That's where Mercy Care can come in and navigate the system to find that provider to do that, that need. Because we always want to individualize care. Because not every child is the same or adult and with that making sure that our system helps those members. So we do have individuals even internally at Mercy Care. That will, like, we'll meet internally to consider which providers can meet that need. Whether it's dental, a workup, even behavioral health. So feel free to provide my name. If I can't support, or they need long-term support,...



**Division of Developmental Disabilities (DDD)**  
**District West Independent Oversight Committee (IOC)**  
**Public Meeting Minutes Summary**  
**Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Summer Kamal - Mercy Care:** that's when I will submit internally for care management.

**Cynthia Macluskie:** Summer. I truly appreciate that. And what I can tell you is, That. Every single phone number. Including DDD liaison for Mercy Care and United Healthcare.

**01:50:00**

**Cynthia Macluskie:** Those are only as effective. As the communication that happens. And I can tell you with the family that I just sent through the system, every single place dropped the ball. Every single thing that was supposed to happen, did not happen. From DDD to the health plan to AHCCCS to every single person, it was an utter and complete failure. And that's not on. like you Summer or Dawn, or Leah, what that really is, is the fact that we truly do not have enough behavioral health providers that can meet those unique needs of some of these high need clients. And I truly appreciate you guys because I know you care. I know Leah cares. I know you care, Summer. I know Dawn cares. And so this isn't a criticism about the individuals, but it is a criticism about the system not meeting those needs. And I know you guys are all doing the best you can and I appreciate you and thank you for letting everybody know what you do because it's very valuable. But We have a long way to go.

**Diedra Freedman:** I, just to clarify and...

**Summer Kamal - Mercy Care:** Just wait.

**Diedra Freedman:** then and then we'll move on to the next item. But I just wanted on the record that it's not, just the AHCCCS network that needs more providers for specialized care for individuals, with IDD specifically DDD members. It's the entire system. It's primary commercial insurance also and it's not just Arizona. It's all over the United States, so, and...

**Cynthia Macluskie:** Actually, you is completely a national issue.

**Diedra Freedman:** We know, you know that We?

**Diedra Freedman:** Yeah.

**Cynthia Macluskie:** And it has it really has you can't blame a health plan or...

**Diedra Freedman:** Right.

**Cynthia Macluskie:** DDD for not having what doesn't exist.

**Diedra Freedman:** And we in and I don't mean Cynthia, knows that. I mean the entire system knows that I mean all of us, you know that. So just so that the record is clear. In everybody, here is working on that and working hard. So,

**Summer Kamal - Mercy Care:** And Cynthia just one more point to add. If you do hear those concerns, please have them file a quality of care, whether it's through Mercy Care United. That way that we could



**Division of Developmental Disabilities (DDD)**  
**District West Independent Oversight Committee (IOC)**  
**Public Meeting Minutes Summary**  
**Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

follow up to see what happened. What occurred? Do we need to provide education? There are things that we take steps to make sure that that doesn't occur again. So if you do hear that, please have them do that quality of care. And if there are certain things where this member needs unique support, have them request ICM support which is integrated care management or reach out to me and we can always schedule something called an ICT. An ICT brings in several of our medical directors, individuals that are subject matter experts across different services, explore this, the system in state to serve our members. So there are different approaches and I appreciate, you know, joining these calls and hearing some of the concerns you all bring up.

**Summer Kamal - Mercy Care:** It helps make my job better by, you know, working on increasing our network as needed. So I appreciate it. Thank you.

**Diedra Freedman:** Summer, not only does Cynthia.

**Cynthia Macluskie:** Thank you. Write that down.

**Cynthia Macluskie:** So thank you.

**Diedra Freedman:** Not not only does Cynthia's share that information. She's it. She's got a couple of great social media friendly slides, pictures, memes, whatever that she's constantly sharing on Facebook and constantly sharing through her insurance practice so that people have the information at their fingertips and they have tips on actually, how to file a quality of care complaint. So, Crystal.

**Crystal Fox:** I'm just wondering if DDD has ever had like a special crisis team. Like, what would be similar to like a behavioral, Like what they do for a regular behavioral health? That might have more knowledge about the DD.

**Summer Kamal - Mercy Care:** I can speak to that Leah. um, Yeah,...

**01:55:00**

**Leah Gibbs:** Go ahead.

**Summer Kamal - Mercy Care:** Mercy Care and helps develop a program called the D1 team, which is a crisis and I see Cynthia knows what I'm talking about. The D1 team was developed for a certain crisis team that specializes with the IDD population. The hope is to expand it and...

**Crystal Fox:** Okay.

**Summer Kamal - Mercy Care:** continue to grow it across the state for both children and adults.

**Cynthia Macluskie:** And I can tell you that I belong to a small crisis work group. And what I can tell you is we finally had Solari. Solari admit. Yeah.

**Diedra Freedman:** Hey Cynthia.





**Division of Developmental Disabilities (DDD)**  
**District West Independent Oversight Committee (IOC)**  
**Public Meeting Minutes Summary**  
**Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Crystal Fox:** Yeah.

**Diedra Freedman:** So that we we can't go there. We have to be careful because that's not on the agenda but we can put it on.

**Cynthia Macluskie:** Okay, will say this. We don't have a crisis system that set up for our people. And we need one, and I hope that we can apply for grants to bring a better crisis system for IDD.

**Diedra Freedman:** A crystal and then we got to move on because it's already 7:27.

**Crystal Fox:** oh, I don't know why my hand always stays up. Is there a way, I'll talk to you later, but I want to find out how to put stuff on the agenda

**Diedra Freedman:** You tell me and I tell Michelle and we put it on the agenda.

**Crystal Fox:** Because I'd like to have more conversation about this. At least follow up to find...

**Diedra Freedman:** Yeah, we can put on the

**Crystal Fox:** where Cynthia's at with it and stuff because it's important.

**Diedra Freedman:** Yeah, we'll put it on the agenda for next time. Okay, Michelle.

**Crystal Fox:** Okay. Thank you.

[Chat Message: 01:57:23.316,01:57:26.316 Cynthia Macluskie: Crystal I would love to chat with you about crisis](#)

### **DDD Staff updates**

**Diedra Freedman:** DDD staff updates.

**Michelle Rademacher:** Okay, Leah. Would you like to start us off with updates pretty please?

**Leah Gibbs:** I'll do them very quickly. Okay. Thank you. Just reminders that you all know we return to in-person meetings on the first of April and the feedback we received so far from our self-advocates, our family groups, as well as our own support coordinators. And they've been very happy with the opportunity to do those in-person meetings and I already got a question. What's up, Bernie?

**Bernadine Henderson:** Sorry, I want to know, do those in-person meetings include everyone or like my son does not have ALTCS and his provider, I mean his support coordinator, met with him virtually today.

**Leah Gibbs:** so, So that again, you're what?

**Bernadine Henderson:** So he does not have ALTCS...

**Leah Gibbs:** Oh, thank you.



**Division of Developmental Disabilities (DDD)**  
**District West Independent Oversight Committee (IOC)**  
**Public Meeting Minutes Summary**  
**Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Bernadine Henderson:** but he's a DDD member.

**Leah Gibbs:** Okay, okay. Okay, so our members who are, who are state-funded only, have options about how those meetings occur. Whereas, our ALTCS members really kind of don't. And the answer to your question about all members, is it kind of goes back to the team level. We do want the support coordinator, the member preferably the responsible person to be in-person, other team members potentially virtually because it's not like, even though the public health emergency is over, it doesn't mean Covid has gone away and there are still members who have some higher risk. And so, the families don't want all those people in their home. And so we are doing what we can do, accommodate kind of a hybrid for those that prefer that. But we are doing in-person with support coordination and the member for our ALTCS members.

**Leah Gibbs:** Does that help? Okay, for the first time in quite some time, I am very excited to announce that the Division of Developmental Disabilities is no longer under any notices to cure with the Access administration. Back in 2020, we started working very hard to address. We had five open notices to cure and all five have been resolved as of last week. So that is really exciting news and it's been a tremendous amount of work and what it really does is help us to be able to really put our energy into some of those forward thinking initiatives that we're excited to roll out.

**Leah Gibbs:** So those are exciting times for us. We continue to have no movement or definitive status on the two pieces of legislation that would have expanded our qualifying diagnoses to include Spina Bifida and Prader Willi Syndrome. We continue to watch that legislation to see whether or not when the legislature comes back in session. If those are going to move, or if they're going to be done. We do know that House Bill 2166 did pass and the Governor has signed it. It is legislation that will require a new level of behavioral supported group home licensure through the Department of Health Services and it will require the Department of Health Services to build rules around that licensing process and the Division will be working with them for those homes that are going to meet that criteria.

**02:00:00**

**Leah Gibbs:** We'll have also started implementation of legislation from last year, the House Bill 2865. That sets up the Arizona Center for Disability Law to do monitoring and investigations involving members who have complex needs that are supported in DDD group homes. Based on the criteria of who meets that complex need category, We have approximately 500 group homes throughout the state that support one or more members, who meet that criteria and they have started their physical going out and monitoring as of a couple of weeks ago. And we are working together about what they're findings are or questions or working together on all of that information and we will be doing an annual report back to the legislature regarding incidents that occur involving those members as part of that legislation. And we know that there was movement on the legislation around supportive decision making. I do not have really a true update to tell you what the impact is for us yet, because we've not had the opportunity to really look into that. But we are going to be watching that one also, Those are my updates unless anybody has any questions.

**Diedra Freedman:** Yeah, Leah. I have a question on the new level of group homes.

**Leah Gibbs:** Yes.



**Division of Developmental Disabilities (DDD)  
District West Independent Oversight Committee (IOC)  
Public Meeting Minutes Summary  
Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Diedra Freedman:** I assume if Larry comes back with the answer,

**Diedra Freedman:** Their AHCCCS group homes. So we're, we're not gonna. We're not going to see those incident reports.

**Leah Gibbs:** No. Actually, these are for DDD group homes, And, and we've been working on developing and almost ready here around what we've been calling, enhanced behavioral group homes. And based on this language in the legislation, we're having conversations about, we might need to tweak some of the service specifications, but we'll probably look at our enhanced behavioral group homes as being what they're referring to as behavioral supported group homes. So they may roll into one in the...

**Leah Gibbs:** same but it's gonna take a little bit of time.

**Diedra Freedman:** And you'll keep us updated on that, because I mean,...

**Leah Gibbs:** Absolutely.

**Diedra Freedman:** That's one area where I think it's very, very important that there is regulation.

**Chat Message:** 02:02:30.523,02:02:33.523 **Linda Mecham:** This was the bill Nancy Barto put forward last year.

**Leah Gibbs:** There is no doubt. Yeah. so,

**Diedra Freedman:** And I should say, enforced regulation.

**Leah Gibbs:** Absolutely, we get it.

**Diedra Freedman:** Anybody else, Diane? Um, Michelle.

**Michelle Rademacher:** Thank you, Leah. Diane. Do you have an update today?

**Diane Kress:** I don't have anything. I think Carl did a great job. So, thank you so much for allowing him and inviting him to participate. He certainly did again. I know obviously we have the new Incident Reporting Form. We have been going through it ourselves, so I think it is going to help along the road down the road, so we had been experiencing and playing around the new reporting form. So but other than that I don't have anything again. We're fully staffed. You guys have any questions for me.

**Diedra Freedman:** The Diane, I just want to put it on the record. I said it to Assistant Director, Zane Garcia Ramadan. And I'm going to say here again.

**Diedra Freedman:** Every time something has been brought to my attention of DDD District West member who for some reason, falls through the cracks. And I bring it to the attention of Mary Demery. I never get a follow-up from the member or the member's family, which leads me to believe that the District West staff



**Division of Developmental Disabilities (DDD)  
District West Independent Oversight Committee (IOC)  
Public Meeting Minutes Summary  
Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Diedra Freedman:** takes care of it immediately because otherwise I would be hearing. So I just want it on the record that your people are doing a really good job. As far as I know. If anybody knows any different, I'm sure that they'll tell me immediately but thank you.

**Diane Kress:** Hmm. No, thank you De. Thank you the IOC committee. We appreciate it as well. So,

**Diedra Freedman:** Anybody else with a update, Michelle.

**Michelle Rademacher:** Joan. I'm not sure if she has an update.

**Joan McQuade:** At this time, we're fully staffed and we don't have any other updates.

02:05:00

**Diedra Freedman:** Anybody else from DDD?

**Michelle Rademacher:** That's everybody.

**Diedra Freedman:** okay, Larry

### **Updates from Arizona Department of Administration**

**Diedra Freedman:** The ADOA update.

**Lawrence Allen:** Good evening. Yeah, quick update for the committee, the open meeting law training is going to be scheduled on June 7th at 10 am. Training will last approximately 90 minutes.

**Lawrence Allen:** Um, and that is it.

**Diedra Freedman:** Are you, Larry? Are you recording that?

**Lawrence Allen:** Yes, I will either do that or the Ombudsman's office will have it recorded and posted on the website so one of us will have it covered

**Diedra Freedman:** All right. the only reason I'm asking you,

**Bernadine Henderson:** When is it again? When was that training again?

**Lawrence Allen:** June 7th, at 10 am.

**Diedra Freedman:** the only reason I'm asking is,

**Brad Doyle:** What's the location, Lar?

**Lawrence Allen:** It's going to be a virtual meeting. Google meet.

**Brad Doyle:** Thank you.



**Division of Developmental Disabilities (DDD)  
District West Independent Oversight Committee (IOC)  
Public Meeting Minutes Summary  
Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Diedra Freedman:** I love you Larry, but that's in the middle of my business day. So, if I got a client who's actually going to pay me, I'm going to take care of my clients.

**Lawrence Allen:** I understand, I understand I'll work with him to have it recorded and so, committee members can go back and review that if they're unable to attend.

**Diedra Freedman:** Linda.

**Linda Mecham:** Larry. Do we need to register for that?

**Lawrence Allen:** No.

**Linda Mecham:** You'll just send out the invite to all of us. Okay.

**Lawrence Allen:** Yes. You should have an invite in your inbox. If you need me to send that out again, I'll be happy to.

**Linda Mecham:** I thought we requested that yesterday, but thank you.

### **Updates from Integrated Health Plans**

**Diedra Freedman:** Okay. Anybody else now we're on to the next updates from the integrated health plans.

**Diedra Freedman:** Dawn, then summer.

**Dawn McReynolds UHC OIFA:** Hi De. I don't have any further updates but I'm just hoping that I'm not sure how you're gonna communicate the questions that Cynthia had with the health plan so that I can escalate that and see if Amy or someone you know from the health plan would want to attend in the next meeting, please.

**Diedra Freedman:** Well, we'll have Michelle send an invite and it'll come to you because you're kind of our liaison and it'll go to Summer because she's kind of our liaison but then you bump it up within your organization wherever you think is appropriate.

**Dawn McReynolds UHC OIFA:** Oh perfect. Thank you for clarifying.

**Diedra Freedman:** so, I know that you can't. You and Summer really can't say anything about the 100 plus behavioral health, AHCCCS behavioral health registered providers. Who's AHCCCS Provider registration was either suspended or terminated. But I assume that basically the word from United Healthcare Community Plan is We're being vigilant and we're auditing, auditing, auditing. Because the way it is,...

**Dawn McReynolds UHC OIFA:** That is correct.



**Division of Developmental Disabilities (DDD)  
District West Independent Oversight Committee (IOC)  
Public Meeting Minutes Summary  
Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Diedra Freedman:** Is that a fair statement?

**Dawn McReynolds UHC OIFA:** Fair, very fair. Thank you De. We do.

**Diedra Freedman:** You take this really seriously. and I, And I'm sure Summer joins in that. So summer...

**Diedra Freedman:** do that update.

**Summer Kamal - Mercy Care:** Yeah, so, with the ECT conversation, we are having ongoing conversations between the health plan and DDD so that continues to be an ongoing discussion. Of course, putting DDD members first in every discussion that we have. Um At this time I have developed a training for behavioral health providers and I've been providing them throughout the state to explain the differences in service and how coordination of care looks like especially ensuring that we reduce the amount of meetings for families so that everyone's on the same page and so there aren't these solo meetings that are happening. And then finally we will be go, attending the African American Conference on Disabilities upcoming in June to provide some more resources and support to the community.

**Diedra Freedman:** Oh, hey Summer. You. Why don't you tell them about the Mercy Care Conference for Behavioral Health?

**Summer Kamal - Mercy Care:** Yeah.

**Summer Kamal - Mercy Care:** Which one? Oh, the connection.

**Diedra Freedman:** The one that's coming up next month.

**Summer Kamal - Mercy Care:** Yeah, so Mercy Care holds a conference annually. It's called connections. You can go to our Mercy Care website and register. There is one day for providers and one day for families, there will be an agenda on our page. We of course provide different resources and support for the community for different languages.

**02:10:00**

**Diedra Freedman:** And the keynote speaker looks to be very dynamic.

**Diedra Freedman:** Though, anybody have any questions for Summer or...

**Summer Kamal - Mercy Care:** Yeah.

**Diedra Freedman:** Dawn, did.

**Cynthia Macluskie:** I just want to thank you guys. I know I send a lot of stuff to you guys and just want you to know. I appreciate you and I. I just want to thank you guys for the job that you do. I thank you for being willing to hear from me. I appreciate it both of you because you guys hear from me a lot.



**Division of Developmental Disabilities (DDD)  
District West Independent Oversight Committee (IOC)  
Public Meeting Minutes Summary  
Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

*Dawn McReynolds UHC OIFA: Cynthia, this is Dawn. I want to thank you too for your advocacy on behalf of our members. We do appreciate it.*

**Diedra Freedman:** But Cynthia's a bigger pie pa than I am. I'm sure. But I'm proud to be in her company. Linda.

**Linda Mecham:** De, I just want to thank all of you for inviting me to attend tonight. It's been a pleasure and informative and I always learn from you guys. So thank you so much. We got it,...

**Diedra Freedman:** You're welcome. Here. Welcome to join us.

**Linda Mecham:** we've got to go get water. So

**Diedra Freedman:** Anytime Linda and always, we extend you to courtesy to be one of us but they won't let us allow you to vote. So

**Linda Mecham:** Are you trying to recruit me to District West?

**Diedra Freedman:** Linda. I've been trying to do that now for two years and you keep telling me, No. So,

**Linda Mecham:** I'm a. I'm a diehard District Central. Sorry. Talk to you guys later. Thanks.

**Discussion on District West IOC Meeting schedule - June & July Summer  
break discussion**

**Diedra Freedman:** Okay, we have one item left and I apologize because it's 7:43, but normally we take June and July off for the summer. If that's what you guys want to do, we'll do that. But I'll need a motion and a vote. Does anybody have any thoughts on June and July?

**+1 623-\*\*\*-\*\*\*37:** Um, I won't be in the state in July. This is Pat.

**Motion and Vote**

**Brad Doyle:** I motion that we take June and July off, I'll be out of town in June and then I'll be busy in July

**Cynthia Macluskie:** I second.

**Diedra Freedman:** Okay, let's go down the list because we have to. Pat

**+1 623-\*\*\*-\*\*\*37: I**

**Diedra Freedman:** Bern.

**Bernadine Henderson:** I,



**Division of Developmental Disabilities (DDD)  
District West Independent Oversight Committee (IOC)  
Public Meeting Minutes Summary  
Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Diedra Freedman:** Brad.

**Brad Doyle:** I,

**Diedra Freedman:** Crystal.

*Crystal Fox: I*

**Diedra Freedman:** Cynthia.

*Cynthia Macluskie: I*

**Diedra Freedman:** Shelly.

**Diedra Freedman:** And I say, I. so it's unanimous eight-zero. We will not be meeting until the fourth Tuesday in August. But if anything comes up Um, as I said before, we've been very successful letting Mary Demery know what the issue is. And we always let Michelle know. In Mary's been very good about taking care of it. And also the health plan liaisons and as always,

**Diedra Freedman:** Our first go to is Leah and her OIFA people. So, I think at least Leah's probably sick of hearing from me and hearing from Cynthia, but we appreciate it. I hear you laugh and Leah.

**Leah Gibbs:** You know, I went off camera and I and so I picked the wrong time to do that but I was laughing. Thank you.

**Diedra Freedman:** Okay, you love us, we're PITAs but you love us. It's our job to be PITAs.

### **Updates from DDD IOC liaison**

**Diedra Freedman:** Michelle. It's your update and then I don't think we have any discussion review and possible action on community membership.

**Diedra Freedman:** And then we'll ask about the last item and then we're out of here. So Michelle.

**Michelle Rademacher:** Oh, okay. The only update I have is there is a volunteer event and Chris Town at the YMCA. I will be there on Saturday, this Saturday, May 27th. The event is from 9 am to 12 pm. If you want to spread the word, Or meet me there. You're more than welcome but I'll be trying to get us some more members for you.

**Diedra Freedman:** We appreciate it, Michelle. And if you know, if you have a game plan for us, we've asked for one before and we've never gotten one. But if there's some way that we can help you, let us know. so, Besides asking our friends, which we're already doing.





**Division of Developmental Disabilities (DDD)  
District West Independent Oversight Committee (IOC)  
Public Meeting Minutes Summary  
Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

02:15:00

**Michelle Rademacher:** Okay, it's always helpful if you identify community organizations because I'm not familiar with that area for outreach that may have potential members and I can do the outreach. Our volunteer coordinator can as well.

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

**Diedra Freedman:** Okay. Any discussion or review of incident reports and behavior plans. So, anybody have any that they want to do? We'll have to go into executive session to do that.

**Diedra Freedman:** I'm not hearing any, so, I don't have my handy, dandy script in front of me, so, You will have to be patient and Michelle, jump in if I'm doing this wrong. But today is May 23rd. Oh, do I actually have to ask for a motion to adjourn? Michelle.

**Michelle Rademacher:** oh, I do believe. So yes.

**Motion to Adjourn**

**Diedra Freedman:** Okay, can somebody make a motion and somebody's second it to adjourn?

**Brad Doyle:** Mot.

**Bernadine Henderson:** I'll make a motion that we adjourn.

**Diedra Freedman:** Okay. And I gotta go down the line.

**Diedra Freedman:** Uh, Pat.

*+1 623-\*\*\*-\*\*\*37: I*

**Diedra Freedman:** Phone Brad.

*Brad Doyle: I*

**Diedra Freedman:** Crystal.

*Crystal Fox: I*

**Diedra Freedman:** Cynthia

*Cynthia Macluskie: I*

**Diedra Freedman:** Diane.

*Diane Concolino: I*



**Division of Developmental Disabilities (DDD)  
District West Independent Oversight Committee (IOC)  
Public Meeting Minutes Summary  
Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

**Diedra Freedman:** Shelley.

**Shelly Vinsant:** I

**Diedra Freedman:** And I say, I. So it's eight-zero. So, It is May 23rd, 2023. It is 7:48 pm according to my computer, and I hear by, Adjourn the DDD District West Independent Oversight Committee meeting and we are meeting again.

**Diedra Freedman:** Michelle, very nicely. put it in our

**Diedra Freedman:** Chat. It's

**Diedra Freedman:** Tuesday, August 22nd, which is the fourth Tuesday of the month. We're not meeting in June and July. So, we will see you all Tuesday, August 22nd at 5:30 PM. Thank you very much. Everybody have a great summer. Bye.

**diane concolino:** Thank you.

**Dawn McReynolds UHC OIFA:** Thank you everybody. Bye.

**Diane Concolino:** Bye now.

Meeting ended after 02:17:59 🙌



**Division of Developmental Disabilities (DDD)  
District West Independent Oversight Committee (IOC)  
Public Meeting Minutes Summary  
Tuesday, May 23, 2023 – 5:30 PM to 7:30 PM**

For all of April **2023** IRs, the Committee members have been given a total of **773** incident reports in the Shared Drive. This included **76** open and **697** for closed reports.

<b>Type</b>	<b>Open</b>	<b>Closed</b>
Accidental Injury	<b>2</b>	<b>99</b>
Consumer missing	<b>1</b>	<b>9</b>
Deaths	<b>4</b>	<b>8</b>
Emergency Measures	<b>1</b>	<b>6</b>
Human Rights	<b>7</b>	<b>10</b>
Legal	<b>1</b>	<b>6</b>
Medication Errors	<b>1</b>	<b>42</b>
Neglect	<b>34</b>	<b>71</b>
Other Abuse	<b>5</b>	<b>2</b>
Other Behavior	<b>5</b>	<b>273</b>
Other Injury Unknown	<b>4</b>	<b>148</b>
Physical Abuse	<b>11</b>	<b>22</b>
Property Damage	<b>0</b>	<b>1</b>
Suicide	<b>0</b>	<b>0</b>
<b>TOTALS</b>	<b>76</b>	<b>697</b>

The IRs will be reviewed by the committee members.

Number of Questions for Quality Improvement Manager, QIM: **12**

Members of the committee will comment on incident reports directly and the liaison will send them to QIM.

All PRC meetings are being attended by None. Number of Behavior Plans turned in by IOC

Members: unknown

The Program Review Committee (PRC): None.

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