



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

**Monday, May 22nd, 2023 – 10:00 AM to 12:00 PM**

**Call to Order**

Meeting called to order by Committee Chairperson, **Linda Mecham**. The date is May 22nd, 2023, at 10:07AM. **The meeting took place Virtually due to the desire of the committee to continue to meet only virtually.** No Physical location was requested to meet for this meeting.

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**Welcome and Introductions**

Attendance Virtually:

- **Linda Mecham - Chairperson**
- **Mandy Herman**
- **Eva Hamant (listed as Women's Studies)**
- **Carolyn Willmer (listed as Curiosity Carolyn)**

Attendance by Phone :

- **Debbie Stapley (attended by phone)-\*\*22**
- **Eduarda Yates (attended by phone)-\*\*05**

Absent:

- **Tina Buettner (on Leave of Absence)**

Public in Attendance:

- **Lionel Delgado (attended by phone)-\*\*13**
- **Jack and Stephanie (parents of member receiving services from DDD)**

Health Plans:

- **Laurie Ganzamiller (UnitedHealthcare)**

ADOA and AHCCCS:

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

DDD:

- **Leah Gibbs (DDD OIFA Administrator)**
- **Mary DeCarlo (DDD BCBA supervisor)**
- **James Maio (DDD District Central Quality Improvement Manager)**
- **Michelle Rademacher (DDD IOC Liaison)**
- **Jeffrey Yamamoto (DDD IOC Liaison)**
- **Joan McQuade (DDD IOC Supervisor)**



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- **Liz Perez** (DDD Volunteer Coordinator)
- **Barb Picone** (DDD OIFA Manager)

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

## **DDD District Central IOC Meeting -Virtual meeting (2023-05-22 10:07 GMT-7) - Transcript**

### **Attendees**

+1 480-\*\*\*-\*\*05, +1 602-\*\*\*-\*\*22, +1 928-\*\*\*-\*\*13, Barbara Picone, Curiosity Carolyn, Elizabeth Perez, Fredreaka Graham, Jack \*\*\*\*\*, James Maio, Jeffrey Yamamoto, Jeffrey Yamamoto's Presentation, Joan McQuade, Laurie Ganzermiller (UHCCP), Lawrence Allen, Leah Gibbs, Linda Mecham, Mandy Harman, Mary DeCarlo, Stephnie (Mego Stop), Michelle Rademacher, Women's Studies

### **Transcript**

**Jeffrey Yamamoto:** all right, Linda

### **Call to Order**

**Linda Mecham:** Okay, I hereby call to order this regular meeting of the DES DDD District Central Independent Oversight Committee. Today's date is May 22nd 2023 and the time is 10:07 am. This is a regular meeting of the Independent Oversight Committee. It is 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 background noise, and potential microphone feedback, please mute your microphone when you're not speaking. The host of the meeting can mute you. But then you can unmute yourself when you would like to speak. You can mute yourself by clicking on the microphone icon at the bottom left corner of your screen or elsewhere depending on the platform. Additionally, I have been asked to read the following statement." Do we have anyone that has to disclose a conflict of interest? If there is the committee member needs to disclose why?"

### **Welcome and Introductions**



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**Linda Mecham:** All right, there are no disclosures. We will now have the introductions. My name is Linda Mecham. I am the chair of the Independent Oversight Committee. And Debbie?.

**Linda Mecham:** Debbie you're on Mute

**Linda Mecham:** We'll go to Mandy.

**Linda Mecham:** You're on mute Mandy... there. Okay.

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

**Linda Mecham:** We're glad you're out of the hospital. Mandy, good job.

**+1 602-\*\*\*-\*\*22:** Am I, am I unmuted now?

**Linda Mecham:** You're unmuted. Go ahead Debbie.

**+1 602-\*\*\*-\*\*22:** Okay, I'm unmuted, Debbie Stapley, Vice chair.

**Linda Mecham:** Carolyn. You're muted.

**Curiosity Carolyn:** Sorry, Carolyn Wilmer, member.

**Linda Mecham:** Eva.

**Women's Studies:** Eva Hamant and is labeled as Women's Studies.

**Linda Mecham:** Thank you. Eva, Eduarda.

**+1 480-\*\*\*-\*\*05:** Good morning. Eduarda Yates and my son is in Campbell ICF, a state operated home.

**Linda Mecham:** Okay. I would also like to introduce Jack and Stephanie \*\*\*\*\*. I met them at their son's PRC and invited them to come to our meeting today. Would you two like to say a couple words?

**Jack \*\*\*\*\*:** Yeah, I appreciate this team getting together.

**Jack \*\*\*\*\*:** My name is Jack. I together with his mother. Stephanie, we are co-guardians. Of Jackson.

**Jack \*\*\*\*\*:** I appreciate you guys. This looks like a pretty powerful team here. Never been in such a big meeting actually, so thank you.

**Linda Mecham:** Thank you for coming.

**Mego Stop:** Thank you.



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**Linda Mecham:** Let's see. Go ahead, Jeffrey. If you want to introduce, Can you take that out of the recording? I inadvertently said their last name. I'm so sorry.

**Jeffrey Yamamoto:** I will on be unable to take it off the recording. I will take it off to transcript.

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

**Jeffrey Yamamoto:** Let's go ahead with Leah.

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

**Jeffrey Yamamoto:** Barb.

**Barbara Picone:** Good morning everyone. My name is Barbara Picone, and as it relates to this meeting, I support our IOC liaisons as well as our volunteer coordinator Elizabeth Perez.

**Jeffrey Yamamoto:** Joan. You're on mute.

**Joan McQuade:** And I was on mute, sorry about that. Hi everyone. I'm Joan McQuade. I am a manager with the Office of Individual and Family Affairs. And I support Jeffrey and Michelle.

**Jeffrey Yamamoto:** Michelle.

**00:05:00**

**Michelle Rademacher:** Hi. Good morning. My name is Michelle Rademacher. I'm the DDD IOC. Liaison for Districts North, South, and West.

**Jeffrey Yamamoto:** Will go next. I'm Jeffrey Yamamoto. I'm the DDD IOC liaison for District Central, and District East. Let's go to Liz.

**Elizabeth Perez:** Hi, Good morning, Liz Perez, DDD volunteer coordinator.

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

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

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

**Mary DeCarlo:** Good morning. Sorry, my computer has a lag this morning, but Mary DeCarlo. I'm a licensed behavior analyst and I work in the DDD Behavioral Health Administration. I did hear that Patricia's on annual leave today so she won't be here but I'll be available for any questions related to PRC. Thanks.

**Jeffrey Yamamoto:** Thank you.





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**Jeffrey Yamamoto:** Larry.

**Lawrence Allen:** Good morning, Larry Allen, IOC State liaison at ADOA.

**Jeffrey Yamamoto:** Thank you. Laurie.

**Laurie Ganzermiller (UHCCP):** Hi there. Good morning. This is Laurie Ganzermiller. Director of Special Programs at UH Community Plans

**Jeffrey Yamamoto:** Thank you, Laurie. Is there anybody else that I have missed that's on this call?

**Jeffrey Yamamoto:** all right, Linda

**Call to Public**

**Linda Mecham:** Okay, we'll now have a call to the public. Do I have anyone from the public who is attending?

**+1 928-\*\*\*-\*\*\*13:** Yes. I'm Lionel Delgado, Prescott North. I'm sort of an ADA compliance consultant to parents. Support me. Thank you.

**Linda Mecham:** Okay. Um, is there anything that you would like to say, sir? This is our call to the public. If you have something to say, we have a limited time of three minutes.

**+1 928-\*\*\*-\*\*\*13:** Okay, my public input. Want me to say something now?

**Linda Mecham:** Well, if you're going to say anything, then this is the time. So yes.

**+1 928-\*\*\*-\*\*\*13:** Okay, I'll be real brief. I've been working with a lot of parent support and other areas of advocacy. I just want to mention, I mentioned that before, but I'm going to mention that again. we're close enough to get, not the closing going into the summer, my concern along with others who make Information on campsite services and I'm talking about the one you said, I can't wait. I made an inquiry. What the cost might be. It's very high cost \$2000 per person. The average is about four, five hundred throughout the season. And at very high, they come at the very parts as part of the States of Arizona.: I'm just saying this awful high and they should be that I did inquiry. There's about two or three in the North area, but you have to call and send many of them from churches and religious organizations. And that's why good. But the other two could be available for anybody who wants to make an appointment so far. the one that said they can but because of the high cost, the negotiation between DD the answer to, They cut back on some of the DD clients. They limited behavior, I guess that included residential daycare. Residential and ADH homes and a community, but a community cares services, those and the other areas that's like programs they program and other areas, they're able to go. But that's a restriction that had a concern because it was very wrong. And I requested that you get some kind of ministerial director to correct that till everybody can have a chance. The reason I say that in closing, I don't want to go one more time in ACT rehabilitation x73. said "no other qualified handicap individual United States as it defined in 767 By reading of his handicap kids of her



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handicap be excluded from any participation and being denied. The benefits of are the subjective discrimination under any program and activities in the credit financial assistance". That is real. And why did they do it that way? Is still in the air of concern. So those who are in these other areas are not able to go because there's a restriction and that's not right.

**00:10:00**

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

**+1 928-\*\*\*-\*\*13:** Thank you.

**Linda Mecham:** Mr. Delgado, Mr. Delgado, the three minutes is expired, and I appreciate. I appreciate you coming and expressing your concerns and your concerns are not on our agenda today so we cannot comment on them, but if you would like to have a further discussion, you might want to talk to District North IOC. From what that's...

**+1 928-\*\*\*-\*\*13:** Okay.

**Linda Mecham:** where you are. So, we appreciate you being here and we appreciate your comments. Thank you so much. we'll now move on to item number four on the agenda and it is Jack and Stephanie

**+1 928-\*\*\*-\*\*13:** Okay, and thank you.

**Mego Stop:** Hello.

**Jeffrey Yamamoto:** Linda

**Linda Mecham:** Hi.

**Jeffrey Yamamoto:** I did ask Jack if we can have The presentation for volunteer coordinator, go before them. The coordinator and Barbara both have meetings

**Discussion with DDD Volunteer Coordinator on Recruitment Efforts**

**Linda Mecham:** Okay, all right. Then we'll move to recruitment for our dwindling numbers right Barbara. You're on mute my dear.

**Barbara Picone:** Yes, yes we are. Happy to be here today and I'm going to let Liz talk a bit about our recruitment efforts and how you all can help and what we can do to get this committee up in numbers.

**Linda Mecham:** Thank you.

**Elizabeth Perez:** So, thank you for having me attend, and with the agenda, I sent to Jeffrey some new recruitment tools that I recently created. The Fillable card is a card that I will be using. When I exhibit at



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events and just by circumstance this week, I have two events that volunteer coordination will be at. One of them is a volunteer civic conference and the other one is with the YMCA.

**Elizabeth Perez:** Um, my hope with the recruitment tools that I've created is that it can be accessible to members council members, committee members to use when they're out in the community, or even to electronically. Send it to a potential volunteer. I also attached the link to the recent, volunteer appreciation event, in the event that some of you were not able to attend. I hope some of you can watch it because it was really, it was a neat event to think are amazing. Volunteers, you guys do a lot and we really appreciate everything that you do for the division. um, I like to read about. Volunteerism within our community because I volunteer myself. I was reading an article about that was just put out about the challenges of bringing back volunteers after The pandemic. Like, the Ronald McDonald House is down 50% for their dining program. So, all across the USA, charities and organizations are hurting for volunteers, so, Priority obviously is recruitment and it takes a village to recruit new volunteers. So, OIFA is doing a wonderful job.: I'm not the only one doing it. We have numerous staff within our community engagement team. That are out there. Trying to recruit new volunteers. Any questions for me or any concerns that you want to express?

**Curiosity Carolyn:** This is Carolyn Wilmer, I would love to get a digital copy of those so I could share them digitally with some of my contacts.

**Linda Mecham:** I think I did not see it on the attachments but then I had trouble getting attachments. So Jeffrey, if you don't mind sending that out to all of us, that would be great. I did get a referral from Nancy Barto. For a gal, I've had two gals who said that they were going to come on today but they're not. So but it's and when and truthfully, when they hear Everything that we do it's, I mean the stuff that we do and the commitment involved I think that it scares them because and I say you can just take baby steps getting into it, you know, but I think it scares them when you tell them PRC and the reading involved with that then reading the incident reports and meetings. And we try to stay up on the legislative stuff as it affects DDD. So, it is a big job that we do.

**00:15:00**

**Elizabeth Perez:** Can I ask, What's the time commitment? What's your average time that you're a volunteer?

**Linda Mecham:** You don't want to ask me.

**Elizabeth Perez:** Okay, what's a typical average amount? Just because, I know volunteers, ask me, What is, you know, What does the average time commitment? And I want to be honest with them. I don't want to mislead anyone and I know you folks do a lot of time to help.

**Mandy Harman:** It, this is Mandy.

**Elizabeth Perez:** Hi, Mandy.



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**Mandy Harman:** I mean, I don't know how I do it because I have my job. Plus, I have medical stuff and all of that, but I would honestly say to do everything the way that we're supposed to do it. I would honestly say for me, it's probably if we do both PRC and all the incident reports, we're supposed to. You're looking at? I don't like ten hours before easy in a month without even really clocking. All of it cuz I don't have time to do that because it's 15 minutes here and 20 minutes there.

**Elizabeth Perez:** Okay, so you're thinking yours is about 10 hours a month. Okay. And then your meeting time is that in addition to the 10 hours because do you do like a two-hour meeting once a month?

**Mandy Harman:** Yeah. Ah, what do we do? Our meetings run longer than two hours, most of the time. so,

**Elizabeth Perez:** Okay.

**Linda Mecham:** Eva. your hand's up.

**Women's Studies:** Well, first of all, I wanted to say, I did go to the luncheon and I thought it was. You did a very lovely job of doing the luncheon. The food was delicious and the program was wonderful. So I thought it was really nice.

**Elizabeth Perez:** Thank you.

**Women's Studies:** I always thought they talked about 10 hours and I thought that was a big joke because you have three hours. I put in, I put in almost 15 to 20 hours every month and I don't even do PRCs. If you do PRCs, I said those meetings will last almost five hours. Plus you have to read the program. So that's so if you do one, PRC, I think you add 10 hours of things, So I think I always thought that was just such a real joke when they said Well, it's only a 10 hour commitment. I said, Excuse me. It's always been more than 10 hours.

**Linda Mecham:** Okay, but Liz, what you could say, well, you could say to them, is that, excuse me, Eva you could because it does sound scary. When you say, because I know I spend about 25-30 hours a week on it, but but like,...

**Elizabeth Perez:** Wow.

**Linda Mecham:** You could, you could just do the incident reports and come to the meeting and the way the incident reports come out weekly and they depend on how many are in the section that you have chosen to. Read because they all come in different categories. So I mean, it could easily be 10 like Mandy, says 10 hours a month. It's what they can contribute. And we're grateful to get what they can contribute, because they all come with the people who want to volunteer are there for a reason and they and they care about the DDD community, the IDD community. And that's what, that's what we need is. People with a heart, who care and who, hear things and can bring things to the table. So, that's basically what. That's how I got involved. You know I had an issue with my son Mark and I went to PRC and then Karen at the end says, Karen Van Epps. "Oh, by the way, do you want to join"? And I thought Heck no. That's too much work. That was 2002 and here I am. So Anyways.



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**Elizabeth Perez:** Oh my goodness.

**00:20:00**

**Women's Studies:** So I think the big commitment is, if they want to volunteer, they ought to at least commit at least. Three hours or maybe four hours because they have to read the information on the fourth Monday of the month. So if they are not Available on the fourth Monday of the month. They are not going to make a good volunteer. So that is that I think the number one requirement is the fact that they can commit at least three or four hours on the fourth Monday of the month.

**Elizabeth Perez:** Okay, that's good enough.

**Linda Mecham:** Yes, Good point Eva.

**Elizabeth Perez:** And that's for District Central,...

**Elizabeth Perez:** right? You meet on the fourth Monday of every month.

**Linda Mecham:** We're the only committee that meets during the day. The rest of them are in the evening.

**Elizabeth Perez:** Got it. Okay, very good information.

**Linda Mecham:** Barb, you had your hand up. I'm sorry.

**Barbara Picone:** No, I was just gonna say Liz and I were talking about that very thing today. You know, if you have a smaller committee I think there's more work because you can't split the work right against, you know, with multiple people. I just want to share some other things that we've been doing for recruitment we're publishing in all of. Well, most of our newsletters. We have a mail newsletter that goes out twice a year and we try to get the information about PRC volunteers and IOC volunteers regularly. If it's not in that edition, we're getting it out in our email version. And another thing that we're doing, we're going out because, back in the day, when I was in quality, one of the ways we found volunteers was with our parents, right? There's a lot of parents out there that have a vested interest to be one of the volunteers. So what we're doing is we're targeting support coordination units and we're sharing volunteering information with our support coordinators because they can in turn look at their caseloads, See if there's parents that may have, you know, may want to volunteer may have that passion plus have that time right to volunteer. So that's something that we're doing regularly. We're getting that information out to the field. We're getting it out to our members. One of the things that just came in as a recommendation is, We're looking at making little business cards with volunteer information on it, how to get in touch with the division and on either the back or We haven't defined it yet. We haven't designed it yet, but there's gonna be a spot. If you all have those cards and you want to put your name and number so you can have someone connect with you because you all can tell someone best and you can convey your passion. And that might engage people to volunteer. So we are really doing what we can. We know with Covid. One of the things and we talk about this too. It's been hard to bring people in, we pay let alone. Now we're telling, you know, asking people to come in and do work



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for Free, right? But hopefully, we're seeing a trend moving in the direction of people who are kind of engaging again, right? So we're doing our best, to get the information out, any ideas you can give I know Liz talked about and we talked about this at the luncheon. If every single person you know could think of somebody right that might want to volunteer in their life to share that information with that parent, I'm you I we were giggling because I think many of you know Richard Kautz, I'm like well Richard Kautz has been away long enough. I think he might be ready to come back and do some volunteering.

**Linda Mecham:** I tried to call him,...

**Linda Mecham:** I tried to call him Barb. I think he's avoiding my call.

**Barbara Picone:** Yeah. Yeah.

**Women's Studies:** the other one very

**Linda Mecham:** Because I know what Linda's calling about. I don't want to take that call.

**Barbara Picone:** I believe it.

**Linda Mecham:** I haven't tried to get Jose. **You** know, but

**Barbara Picone:** And Linda you are, you are on track. And if we, even us as staff here, can think of people that have left that might want to come back. So just a little bit about what we're doing. And I just wanted to piggyback on Liz.. And I think you all because I know how much work you all put in every day and I and you do it for free. And you know, we thank you from the bottom of our hearts. And anything we can do to help you get people on board. Like I said, to make your lives easier and maybe make that, you know, 80 hours a month, a little less anything we could do to help.

**Linda Mecham:** Well and one thing too, as you guys know, we've lost two really vital, active members, just in the last year with Karen and Sherry. so,

**Linda Mecham:** anyway, we need to do a little tribute to Sherry, DDD should do something so

**+1 480-\*\*\*-\*\*05:** And Carol.

**Linda Mecham:** And Carol. Yeah, we've well Karen and Sherry died Carol and Carol, who's been on the committee since like it's inception. She resigned, you know, a couple months ago. So I mean those were three really active Mama bears, you know? So anyway,

**Elizabeth Perez:** One last thing that I wanted to add to what Barb said was I've created another thing to put into our DES lobbies and agencies and maybe universities as well. It's going to be a flier that was created by graphic and design, and it lists volunteer opportunities, and it's going to have a QR code. So that's another thing on my task list is to get those out into the community to maybe get people involved and interested.



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**00:25:00**

**Linda Mecham:** Thank you. Liz with regard Just second Mandy, I'll get to you. Okay. Liz or Barb with regards to the cards that you were doing. I was just getting ready to reorder business cards and I was wondering, You know, about putting something like that on there. Maybe you and I can chat and Because I don't know if I want to wait for DDD to come up with the card. Sorry, I kind of am out of them.

**Barbara Picone:** Absolutely. Yeah.

**Linda Mecham:** So I'm down to, like, 20, so I need to order them, but

**Barbara Picone:** Yeah, you know, Linda, Liz and Michelle are going to work together on developing cards.

**Linda Mecham:** Okay.

**Barbara Picone:** And you know what? Our graphics and design Liz. Correct me if I'm wrong, they're pretty quick with the turnaround if we can get them something solid. Um, they're pretty quick.

**Elizabeth Perez:** Yeah.

**Barbara Picone:** And again just know Linda, it'll be one of those kinds of generic because we want to use it across the board and Mary that's something new that I guess. It's good for you to hear about too because we want to use it for PRC and IOC so that'll be a card and we can hopefully Leah with our finances order as many as we want and just pass them out and everybody can have a little stack so they can share.

**Elizabeth Perez:** Yeah. Linda, the turnaround with printing, is typically right now, like two to three days. So I think you should have it within a couple of weeks...

**Linda Mecham:** oh, Okay

**Elizabeth Perez:** if all goes well.

**Linda Mecham:** Okay. All right. That sounds good. Mandy real quick.

**Mandy Harman:** I just wanted to say when I said Ten hours like that's my absolute minimum and even like, because I don't even add up every amount of time I do cuz like it, there's like, I have five minutes before, I gotta go to work to do this.

**Linda Mecham:** I know, and it takes more time to fill out the form and then to try to remember when you did five minutes right? Anyway, so Oh well.

**Elizabeth Perez:** Well, thank you so much, Mandy. We really appreciate everything that you do,...

**Mandy Harman:** You're welcome.



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**Elizabeth Perez:** because I know it takes a lot of time, it really does. And just a heads up if whenever I decide to retire, I'm planning on volunteering with DDD. So you'll have someone else.

**Linda Mecham:** Well, as long as it's District Central, that's okay.

**Elizabeth Perez:** I do live in Tempe.

**Linda Mecham:** Wait, there you go. Eva

**Women's Studies:** So, one of the things that besides the fact that it's important, the fact that they make the fourth Monday of the month meeting, that you want to point out that that volunteerism is mostly on the computer. so it isn't like you're going to go out into the public and so maybe different people have different things, because they could. Stay at home and do your volunteer work at home.

**Linda Mecham:** Yeah, we don't have to do an hour drive into Phoenix. So if that's Yeah.

**Elizabeth Perez:** oh yeah, that's a really a benefit when I, when I do mention that it's virtual people like that.

**Mandy Harman:** But that's what made it, so that I can participate more because if I had to get into Central by 10 o'clock there's no way. I know I can't move them. Sleep.

**Elizabeth Perez:** Good.

**Linda Mecham:** Okay, well, we want to thank you, ladies for coming and visiting with us. And we know you've got other meetings, you're welcome to stay until you have to leave or if you would like to leave. Now, we appreciate you being here and just keep in touch with me. Let me know what I can do and let me know about the cards as well as the little format that you fill out the volunteer card so we can hand that out as well.

**Elizabeth Perez:** Yeah. I can mail you some of those Linda,...

**Linda Mecham:** So, Okay, okay. Perfect

**Elizabeth Perez:** if you'd like then it isn't an electronic format as well. When you and it's Fillable electronically as well. So you need to give it in person or you can fill it out.

**Linda Mecham:** Perfect. Because I've got a couple.

**Elizabeth Perez:** Electronic. Okay.

**Linda Mecham:** All right. Thank you too,...

**Elizabeth Perez:** Thank you.

**Linda Mecham:** thanks. See you soon.





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**Barbara Picone:** Okay, thank you, everyone.

**Invited Guest Speakers Jack and Stephanie**

**Linda Mecham:** Bye. okay, Jack and Stephanie

**Mego Stop:** Yes.

**Linda Mecham:** And if you guys want to sign up, you know, you heard the spiel, right?

**Mego Stop:** Right? We don't have the time right now.

**Linda Mecham:** Yeah. You got your hands full seriously? Go ahead, Jack.

**00:30:00**

**Jack \*\*\*\*\*:** Um, if you don't mind, I'm gonna let Stephanie kind of start this if That's the order we're gonna go in.

**Linda Mecham:** Perfect. Okay.

**Mego Stop:** Okay. Well, so basically for several months even before I emailed the concern to DDD in March. Our son had a new consumer move into his group home. They tried and they did a trial. Where they would slowly introduce this fellow in there and anyhow. it went pretty quickly though, before they decided to move him in and so he and his other roommate that he had has for he's had him for several years, but Jackson was alone in this group home for quite a while because a lot of mental health issues and that, that was a little bit of an adjustment that one roommate. But they, it took a couple of years and then they got used to each other and they were pretty settled, but since this last one is moved in. It's been a total uproar for the both, the residence in Jackson certain to have behaviors again. He's been stable for quite some time and we're concerned about him. He's even I guess started to get a little bit violent at the group home and he hasn't been violent with me or the day program, but I guess, or his dad. But the group home I guess he has hit some people and because he's just this other consumer comes in his room. Continuously he goes out his bedroom window to AWOL and Jackson's regress. So much, he's hardly talking at all anymore. And I've noticed he's lost a lot of weight. I don't know what's going on because you can't communicate that well. About how he's feeling so we try to get him a lot to try to, just get him out of that environment, you know, but we both work. So this, you know, we have only so much time we can get him.

**Jack \*\*\*\*\*:** It was just to expand a little bit. It was an improper hand off that was done. I guess the two agencies merged Under one umbrella. And there was supposed to be a soft transfer that involved. You know. Some help from one of the other agencies, but Steph and I both thought, you know, we would just ride this out for the first few months. And it's to the point where our son isn't sleeping. He's got You know, obviously behaviors and the other new resident.



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**Jack \*\*\*\*\*:** As it's just, it's really bad that there's probably seven staff members in this house at any given time when there used to be two. I went over there yesterday to get him for his usual weekend visit. And I couldn't even get him to stay for two hours. You just, he's just not himself. And we've had so many meetings about this and tried to escalate it, and this is probably going on for maybe six months. We keep getting news at the 90 days, 90 days. We're looking for a new placement and stuff like that, but this new roommate is just so violent. And so, And then we both feel bad about it. But the doctors are suggesting increased meds for your son and stuff like that. And it's just It wasn't like this, you know, and he's been through some changes over the years. But we've never seen anything like this. And we're pretty, We're pretty desperate at this point because we don't want him to go all the way back from where the whole team is. brought him back to where he is now. He's just such a happy boy and everything's routine, and You know.

**Mego Stop:** Yeah, he used to have. In fact, when he went to that group home, he had a two to one ratio for just himself. They didn't move any roommates in for two or three years, he just lived alone and there was a behavior coach there. So, there are usually three staff members, just for Jackson. And until we finally got him stable enough, and even right before he graduated from high school, they weren't sure if he was even going to be able to go back to the day program, because he went one summer, and he had such bad behaviors. They didn't think after he graduated that their day program could accommodate him. So they tried it out. We actually did a transition where he was in Voc rehab, half a day at the high school and then he went half a day to the day program and he was adjusting, okay and then by the time he graduated, they said he was so good at the day program. They didn't even need to have one-on-one form over there. So he's been doing so well and yeah, we're just so concerned about You know him regressing he's gone through regression periods and he comes back, but never back to where he was, you know, he improves but it like his verbalization, so reduced compared to when he was a small child. And so these kinds of things seem to damage him. Permanently in a way every time this happens, you know, every time there's something disruptive like this. Yeah, like Jack said it's been going on for a while and I guess they've done so many changes in the group home. I mean they had to put like, Whatever, T11 board up inside the house, is the siding because this consumers just destroying the house and

**00:35:00**

**Mego Stop:** it doesn't seem homey. When I go there, I hardly go in because it's just so many staff and so much commotion going on. Sometimes I'll walk back into Jackson's room with him. A lot of times, I just pick him up and drop them off at the door.

**Linda Mecham:** The thing that when I read his behavior plan and the PCSP, his planning document, the thing that alarmed me about this was number one that has been going on for so long. Number two, it was supposed to be a temporary placement. Number three, the way he was placed, Where it was? He sounded like he was just dumped at the door. Basically, I mean that's how I read it because there was no transition. The really alarming thing was that now they're telling you as parents to increase his meds so that he can deal with this situation that is not of his making. And that he has no control over. And in fact,



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**Linda Mecham:** The agencies and DDD do have control. And so that's why I brought you here. I hope that we could get some people moving on this a little faster. I know that you've talked to several people in DDD Leah. Do you have anything to offer with regards to this?

**Leah Gibbs:** First thing, I want to say that. I know that it's hard to be a parent and to see your child struggle. It's very hard especially when he'd made such progress. I don't know the situation Linda, it makes me uncomfortable to jump in right now, but to say absolutely, there is no doubt that, you know, me and I will be more than happy to try to see what we can do. You mentioned, though, that you had contacted? I assume it was customer service in March. Is that correct?

**Mego Stop:** Matthew Hernandez was assigned to me. You know who he is? yeah, and recently, I followed up because it has been Quite some time. He's very nice. It was a bit of a delay getting assigned. So, I inquired about my concern. I sent the concern on March 3rd, but I did hear back.

**Leah Gibbs:** Okay. I do

**Mego Stop:** March 17th. I think it was something like that. Anyhow, but Matthew had told us recently that Something like it was now with this committee or something like that. I don't know, Jack, do you know? Because I didn't know anything about this. We did.

**Linda Mecham:** From music.

**Mego Stop:** We did talk to.

**Linda Mecham:** Jack, you're on mute.

**Mego Stop:** But we did talk to the director over at the agency that took over the tunglin residential portion. and, you know, I don't like to

**Mego Stop:** He was nice but I just felt like we were talking in circles and we had no answers. I had the suggestion of maybe, you know, while this fellow because I feel bad. This guy needs somewhere to live too you know and we feel horrible because if it was our son you know that would be terrible. But we said "You know, can't they temporarily put him up in one of these long stay hotels or apartments or something?" I've seen that, when I worked, I worked in group homes for 11 years. Before I even had children with developmentally disabled and it was Marc Center, which is now under another name and we had our whole group home stayed in a hotel for several months while we had the group home remodeled. So it's not unheard of for somebody. In fact, it might be a nice environment for this guy being that, you know, he'll be alone in his own environment and sometimes these are nice. You know, weekly suites, where you get free breakfast and things like. So, I don't know. I just wish people would be a little more creative to make all these situations better for now.

**Leah Gibbs:** Sure what I can do. Obviously with your permission is to check in with Matthew to get some clarification. You should not have any doubts about what's happening. So it sounds like we need to put some



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clarification around. If he said it's with and I don't have anything left to the forefront of my mind when you said committee. But but I'm more than happy to look into it and

**00:40:00**

**Mego Stop:** Well.

**Jack \*\*\*\*\*:** His email four days ago. And once again, he's always polite. What it said. You know, in the last sentences, this will be closed on our end, but the team will be, will still be working on this. I assure you.

**Leah Gibbs:** Is that because of an agreement to find a new residential option?

**Mego Stop:** Well, well there's two parties involved here. This is Matthew. You know that it said that but then we were talking to this other guy from What's the name of the new agency Jack?

**Jack \*\*\*\*\*:** With, Mentor.

**Mego Stop:** Not Tungland.

**Linda Mecham:** Savita Help.

**Mego Stop:** But Yes. That director is the one you know, we kind of feel like we're going in circles. Matthew just said, I think someone should have contacted you with more information today. And that's when, you know, we heard And otherwise a team will provide support. This will be closed on our end. The team will still be working on this. I assure you so that's all we know.

**Jack \*\*\*\*\*:** His name is Darrell. Yeah.

**Leah Gibbs:** Okay.

**Mego Stop:** Yeah, Darrell's with the agency that The group home is through.

**Linda Mecham:** He was with Mentor so now he's still with Oh I. He's really good.

**James Maio:** Yeah. Yeah. Civita. Yeah.

**Linda Mecham:** I know him.

**Mego Stop:** He's nice and he talks but we don't have a solution. We just feel like we're going in a circle, you know.

**Linda Mecham:** Right. Oh no,...

**Linda Mecham:** I get it. Yeah, that's why we're all here. Yeah, we're gonna



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**Leah Gibbs:** What I would like to do is give you my contact email information in the chat so that you're not telling everybody your contact information. And if you could send me a separate email, then with your best contact information, let us see what we can find out. I would imagine that our network staff are involved behind the scenes as well. But there, but let us see if we can't get you some more specific information, okay? I'm going to just put it in the chat. I'm done Linda, go ahead.

**Linda Mecham:** Stephanie if I might Jack, you also mentioned Mary DeCarlo. At PRC. You've been visiting with her.

**Jack \*\*\*\*\*:** Mary DeCarlo. I don't believe I mentioned her.

**Mego Stop:** I don't know who that is. I'm sorry, maybe, I mean, I don't know. She's been in any of the meetings, Jack actually has been to more of them, Usually I'm working on Mondays.

**Linda Mecham:** Okay, okay. Mary, you don't know anything about this. You haven't heard anything.

**Mary DeCarlo:** I may be a little bit familiar with regards to the other members, but same thing, I can follow up with Leah. And once we get the specific information look into it and be happy to support.

**Linda Mecham:** Okay, all righty. Thank you. Mary. This is troubling to me and I hope that you guys will keep in touch with us and I will and Leah, if Jack's and Stephanie, don't mind keeping me in the loop as well. So that we know that this issue has been resolved.

*Leah Gibbs stated that She cannot communicate with Linda on a specific matter of a member.*

**Linda Mecham:** Right, right? That's why it's saying, Right? Right, I get HIPAA. We've been doing this long enough. You guys can't tell me, but they can. So I just want you guys. I just want to be kept in the loop so that I know that Jackson is being taken care of and we don't have to increase his meds and I understand it's a very small home. Maybe if we just do an emergency placement for the third member, something like that. Just so that we can start to get all these years of work restored, where he was stable. My heart just goes out to you two. So

**Mego Stop:** Thank you.

**Linda Mecham:** You both have my contact information and I've got yours. So

**Mego Stop:** Okay, yes.

**Linda Mecham:** And Stephanie, my son went to the Marc center.

**Mego Stop:** Oh, he did what? Jack worked there, too? We both did before we had kids for years, Jack was

**Linda Mecham:** Really. Oh my gosh he was at Cici's place.



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**Jack \*\*\*\*\*:** Yeah, yeah. Years

**Linda Mecham:** So He was one of the naughty ones.

**Mego Stop:** That might have been after I left, I left in about 2003. 2002 2000. I did some little on-call but full-time. I left before that. Yeah.

**Linda Mecham:** Okay. All righty. Thanks everybody or thanks. If you two want to stay on, you are very welcome to do so.

**Mego Stop:** No, but thanks for inviting us. We appreciate it.

**00:45:00**

**Linda Mecham:** You bet.

**Jack \*\*\*\*\*:** Yeah, I didn't know anything out there like this existed. I really you know I just didn't know you guys were this involved and there's volunteers like this and this happened like this so you'll be hearing from me Linda but I want to thank you all.

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

**Mego Stop:** Yes, thank...

**Linda Mecham:** Take care. All right, bye.

**Mego Stop:** Thank you. Bye.

**Jack \*\*\*\*\*:** All right.

**Linda Mecham:** Um, next on the agenda. Let's see. We thought Christina would be here, Debbie?

**Women's Studies:** I have before you move to the next agenda, I have a comment to make so,

**Linda Mecham:** Oh sorry.

**Women's Studies:** And since they left, we can talk about that, you know. They're talking about theirs, but on the same token, Mary DeCarlo. I think that's what she said, is looking at the other member, that seems to be.

**Linda Mecham:** We don't know let's not, Let's table this can we I'm not comfortable discussing it without the parents being here. Eva or unless we go into executive.

**Women's Studies:** Well, it's not the fact that because the parents can't do anything DDD has to help the other member and Possibly do the enhanced behavioral group home.



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**Linda Mecham:** We're going to turn that into DDD. We've brought it to their attention and the parents will keep in touch with us so let's just leave it at that. All right. Let's just, if you, I hope you understand I'm just not comfortable discussing it in the public meeting open forum like this. Thank you so much. We'll move on to item number seven on the monitoring Debbie.

**Monitoring (Debbie)**

**Linda Mecham:** Debbie, you're a mute.

**+1 602-\*\*\*-\*\*22:** Oh now okay, now tell me, ask me again.

**Linda Mecham:** Monitoring.

**+1 602-\*\*\*-\*\*22:** Oh yes. Um, call, sorry. I'm trying to do six things. Amy is in a Tungland group home, Well now Sevita now, but they go call them, so kind of stuff. And last week, they called me like seven times saying, Monitoring is gonna be coming and we got to get our books in a row. So what day did you go to the dentist? And then call me back a couple hours later. Now, tell us, when did she last year primary care physician? Well, every time I go to those places, I take their form. So I make a copy for me and then I always always take another copy back to the group home so obviously they're not keeping their records properly and then once they know monitoring is coming then they scramble to go to the grocery store. They fill up refrigerator in the pantries they clean, they get their paperwork all in a row. I don't think that's right. Is there any way we can have monitoring be like an announce be a surprise. So that they see what's really going on in the group home. Instead of what the group homes want them to see is going on. Does that make sense?

**Linda Mecham:** Yes. Go ahead, Mandy.

**Mandy Harman:** I was just gonna say, I thought. But correct me if I'm wrong but I thought that that's the way it was designed to be. I know that's not the way it always goes though. Like, you know, because Even here. At Windsor. They have monitoring like every month or something and we're always doing. fixing all of that stuff, so, I agree that it should. That it should be how it is normally on a daily basis, but I guess like I guess you when, because one thing that I've always done is when the monitor group gets here they usually always talk to me because I'm the only one pretty much that can either tell them what really happens, and I share my honest comments with them and sometimes some staff. And something aren't always in the best of why but, If it's the truth, the truth, right? So

**00:50:00**

**Linda Mecham:** Exactly, exactly. Is there anyone here Who can discuss monitoring? And how that is set up to be run. Anyone here that can talk to us about the monitoring? James. I thought one time you told us about monitoring

**James Maio:** Yeah. Yeah. Well, I used to be a monitor but I mean, I can explain the broad strokes of monitoring. So they schedule monitoring on it on an annual or semi annual basis depending on the home. So



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this last year they were doing a pilot monitoring. Though that was a human rights based monitoring. It wasn't the standard monitoring. It was a questionnaire, specifically identifying a lot of rights issues. So that wasn't the standard monitoring over the last year. But typically what they do is they go out and they do the site visit, they're looking at all those things that you guys were just talking about, you know, to make sure that all the documentation is up to date that the site meets certain criteria based on the rules. And then they and if they're not, then they request remediation from the vendor and they track that. And if the compliance level is down below, I think I think it's 85%. Then they go out a second time and do two monitoring in that year. If it's above 85%, they do one monitoring a year. But this year, there's a new, there's a new monitoring going on, Leah. I think, have they started the new monitoring already?

**Leah Gibbs:** Yes, that's part of the house bill. Is that what you're referring to the Center for Disability?

**James Maio:** Yeah.

**Leah Gibbs:** Yes, and I'll be doing an update on that when I have my opportunity for updates.

**James Maio:** Okay, so yeah, I don't know if that's if that's the one that they're talking about because that is a A more recent set of monitors that just started. So maybe that's when they're trying to get ready for

**Linda Mecham:** But isn't that for the dually diagnosed? Yeah. So it wouldn't be like for Debbie's group home or just going out to regular group homes and monitoring it. I think the question is that they are told in advance that they're coming out.,

**James Maio:** They are not, they're not told in advance that they're coming out. They are unannounced monitoring but based on scheduling from the previous year. Most agencies have a fairly good line on when they're going to get monitored.

**Linda Mecham:** Okay, okay.

**James Maio:** They don't, they don't get told in advance, but again, if I was monitored around, say, June last year, I know around June this year, I most likely will be monitored again.

**Linda Mecham:** All right. So Debbie does that answer?

**+1 602-\*\*\*-\*\*22:** Can they mix it up or what? And make it more random so that they don't know,...

**James Maio:** They can try to do that. I do know that they would like to do that more, but based on the fact of staffing and the sheer number of homes that we have it is a very tight fit to get all the homes done in the year especially since over the last few years we've been adding more and more services into that monitoring schedule. You know, now they're doing more with like AHCCCS and CDH is they're doing more with DTAs. They're doing more with HCBS monitoring and they're doing it with very little extra resources. So I know that they struggle to get them all in. So I can't speak for them, but I know that in the past we've asked them to try to swap out but when you're talking about some of these big agencies, especially one likes Savita that





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has, you know, hundreds of homes and you're supposed to do them all together so that you can get a big picture. Look at **an** Agency to look at the overall. You know. The quality of that agency, you can't like to break them up into like pieces all throughout the year because then you can't, you can't look at remediation on as the agency as a whole of what kind of systemic issue they might have that, you're talking, those big agencies are very hard to move around.

**+1 602-\*\*\*-\*\*22:** But when, but when they're not seeing an accurate picture of what really goes on, they're seeing a white-washed picture of what the agency wants them to see goes on that, just doesn't that can defeat the purpose of monitoring.

**00:55:00**

**James Maio:** We 'll be happy to share that with them but I do know that they do have that concern as well. That they do try to, you know, push all their cleanup to right before they get monitored. But I've seen the monitoring of these big agencies and they, you can't clean up an entire agency in a month is what I've I feel like trying to do that...

**+1 602-\*\*\*-\*\*22:** No, but they can, they can clean up the group home.

**James Maio:** but it doesn't, it doesn't work.

**+1 602-\*\*\*-\*\*22:** They were hustling to clean and dust and stopped refrigerators and got all their, you know, ducks in a row. As far as paperwork, which they, you know, they let go all year long and then all of them, they scramble.

**James Maio:** It should be done all year round. You're absolutely correct.

**+1 602-\*\*\*-\*\*22:** So I don't know what can be done, but that's a concern.

**Linda Mecham:** Mandy.

**Mandy Harman:** I was just gonna say, like, just so, I at least I know. I know for us like if one of the other homes that gets monitored before us gets monitored, then everybody. It's not in the state operating agency knows and they kind of disseminate that information. So that could be what happening with me, you know, with what's going on with this agency is that they recognized they showed up at the group home. So now they're like trying to make sure they don't get in big trouble and that's how they get the advance notice sort of thing.

**Linda Mecham:** Well, yes. And Carolyn

**Curiosity Carolyn:** My thought was that, it would be. I think it would be lovely to have this in the parent, Family, member manual explaining that organizations are, you know, monitored on an annual or semi-annual basis and that it's very difficult to do this randomly and that, you know, if the agency is contacting the parent



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for last minute cleanup of documentation. That's something that the parent can let the monitoring agency know and give them a way to do that.

**+1 602-\*\*\*-\*\*22:** Yeah. How do we do that?,...

**James Maio:** I will say this, though. If you, if you were to make a complaint through the incident reporting process and we identify that their agency is not meeting the obligations. We we do health and safety visits for almost a hundred percent of all of the incidents that are determined to be, you know, Incidents that might affect the health and safety of a member and we do basically an on-site visit that looks at almost all the same stuff that monitoring does all the the paperwork, the food, the cleanliness, all the fire safety stuff whether or they're following the PCSPs. I mean we do that for almost all the visits whenever we do get a complaint too. So if you notice that the vendor is dropping the ball on something and make a complaint, we'll follow up on it. Outside of the regular monitoring process. And there's no and there's, and there's no, there's no heads up on that either. I mean there and there and that can be Out. That's not like all the agencies that once that's just like that home. You know, if you reported it today, we would be out there today or tomorrow.

**Linda Mecham:** James. I have a question for you regarding expectations in the home when they go out for monitoring. At one time, I heard that they had to have three days' supply of food on hand based upon the menus and then I heard that now, that's not correct. But then I was reading the new policies and it seems that there needs to be or that. That's part of one of the new policies is that there will be three days. Food in the home, based on the menus. Is that correct? What am I dreaming?

**James Maio:** That, that's what we recommended. I have not seen the final version of the policy. There was no policy on it before, so there was just the best practice that we were emphasizing to vendors that they have at least three days worth of food and then it was down to if they didn't have the next three meals. Then it becomes more of a health and safety issue that they would need to shop because again, that's one day with the food, basically, if you have the next three meals, so they should be out shopping by then. But I did hear that they were going to try to add that into the policy. I haven't seen the final version of it.

**01:00:00**

**Linda Mecham:** I, Well, I think it's still out for public comment.

**James Maio:** Public Comments. Yeah.

**Linda Mecham:** But yeah, I saw that and I thought Good, that's needed, I appreciated that. So Debbie, do you have any other questions or concerns regarding monitoring? So I think the bottom line is that if you see for any parent, if they see something that is a miss or needs to be cleaned up to call. Who James?

**James Maio:** They, you can call customer service or you can call it into the incident reporting.

**Linda Mecham:** Okay, all righty. so, Anything else.



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+1 602-\*\*\*-\*\*22: All right. Thank you.

**Review of Provider Policy Manual chapters**

**Linda Mecham:** Thank you, Debbie. Okay. Carolyn we're on review of the provider policy, manual chapters number eight on the agenda.

**Curiosity Carolyn:** Okay, great. So, I'm gonna start with the document that is mostly handwritten and I believe that document was sent out to everybody. Um, this is like I call it quick and dirty, although it took me quite a bit of time to review this and write it up. But so this document is titled Prep for May 22nd, IOC meeting and the first item on the document. Well actually let me start with this. So I do want to see That all all uses of the word Shall, or Shall not are replaced with something else. Another word preferably will or will not, shall has no legal meaning, It doesn't mean that they must do it. It means that they can do it if they want to basically and that straight from the Supreme Court. The other question I have is that there's different manuals, so there's a division operations manual. And if I'm correctly understanding that, that manual is intended for the actual use by the division by DDD correct? So, DDD is the target audience, right? DDD staff.

**Leah Gibbs:** I'm kind of shaking my head and that um, no, it's not limited to DDD staff. It is inclusive of all our qualified vendors and their contracts must comply with all division policies, that includes the operations manual of the medical manual. The eligibility Manual Behavior supports manual. It's all but they're specific policies for the provider manual.

**Curiosity Carolyn:** Okay. Okay. And then what is the difference between the provider manual and the provider policy manual?

**Leah Gibbs:** I have to admit, I have not, we call it the On Our Web page. The dropdown is Provider Manual. And division provider manual is another terminology for it.

**Curiosity Carolyn:** Okay, because I'm thinking that. It might be helpful if that was clarified because the group home requirements were listed as Chapter 54 of the provider manual. Then the Provider Policy Manual, the one that references that for example is Chapter 26, Cultural Competency, and Member and Family-centered Care. So to me it's a little bit confusing as to whether the same manual or different manuals. So I think the terminology should be really

**Leah Gibbs:** Again, it's on the Web page. It says Provider Manual. And that and if someone is using Provider Policy Manual, someone's adding more words, it's the provider manual.

**Curiosity Carolyn:** Okay. Okay, so maybe those documents that are titled that have Provider Policy, Manual, maybe they can delete the policy in it. as part of,

**Leah Gibbs:** I can certainly look into it. I have to say that I'm not following you terribly well, and it would help to see the documents.



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**Curiosity Carolyn:** You know. Okay Yeah. So and the top right of all the pages of these documents. It'll say for example Division of Developmental Disabilities Division Medical Manual Chapter 900 Quality Management and Performance. So,...

**Leah Gibbs:** Yes, I know what you're talking about now. Thank you. But let's keep talking...

**Curiosity Carolyn:** Okay, so that was one.

**Leah Gibbs:** because the documents themselves say, Provider Policy Manual.

**Curiosity Carolyn:** Some of them do, yes. And some just say provider manual.

**Leah Gibbs:** Okay. Well, I'm gonna have to open some to look but the ones I'm opening say, Provider Policy manual. So if there's one that does not say that, then we can absolutely take that back to the policy unit.

**01:05:00**

**Curiosity Carolyn:** yes, so the one that doesn't say that as an example is Chapter 54 Group Home Requirements,

**Leah Gibbs:** And I don't see Chapter 54 as posted for public comment. At this time.

**Curiosity Carolyn:** Um, that's one of the items that I'm going to be. It's okay. Yeah.

**Linda Mecham:** It's out for early. It's out for early.

**Leah Gibbs:** It's so it's not finalized and it's a brand new policy....

**Curiosity Carolyn:** No. Right.

**Linda Mecham:** Correct. Correct.

**Leah Gibbs:** So it's out for early public comment. It'll go for public comment once it's finalized, it should read just like the others.

**Curiosity Carolyn:** Okay, great. Okay. And then my other question is we've got the Division medical manual and the medical policy manual. Is there a difference between those manuals? Okay. So again,...

**Leah Gibbs:** No.

**Curiosity Carolyn:** those are things that were sent out for public review and so it would be great if they could be more consistent.

**Leah Gibbs:** Please understand again there's new ones and there's existing ones. Right. Okay.



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**Curiosity Carolyn:** These are these right. These are ones that were sent out 1290 behavioral health advocacy and Chapter 300. Yeah. Okay.

**Leah Gibbs:** But again some of them are new. And that's why you have them. They haven't ever hit the streets before and they're not out for public comment yet. They're There for your comment.

**Curiosity Carolyn:** Okay okay great. So um you know let me get into the nitty gritty about the policies. So the first one I'm going to talk about is item number one on my handwritten list, the division, medical manual. I just wanted them to change the word "physician" to "licensed physician" because that's really important. That they should be sending them to someone who is a licensed physician in Arizona, not just a physician.

**Leah Gibbs:** You that's something that you would want as a committee to agree upon and then send us back in your comments.

**Linda Mecham:** Right.

**Curiosity Carolyn:** Okay, okay. And Linda. How do you want to handle the agreements?

**Linda Mecham:** Well we'll know...

**Curiosity Carolyn:** Do you want to do that in this meeting?

**Linda Mecham:** what we'll do after. You go through all of this if we will make a motion that we submit it as a committee,...

**Curiosity Carolyn:** Okay.

**Linda Mecham:** these changes and then I will type it all up and send it in as part of our comments. to to

**Curiosity Carolyn:** Great.

**Linda Mecham:** Back back to where we need to send it. So,

**Curiosity Carolyn:** Wait. Okay. Okay, so, item page, two item 3G. I'd like to change a registered nurse to a registered nurse with, for the two bullet points that follow it just to be really clear. And then item number two, the Division Medical Manual. 1290 Behavioral Health Advocacy page, three items. A3, if you scroll down a little bit,

**Curiosity Carolyn:** It says Behavioral health advocates may work with a member for a short period of time to learn how to better advocate for themselves and navigate the behavioral health system. So my questions are, Why would they only work with the member? Why not the Guardian or the public fiduciary? Why only for a short period of time? How short is short? I'm concerned about the "May work" because that's not defined. So we need to have a definition of when it is necessary. For the Behavioral Health Advocate to work with a member or the responsible adult, And then scrolling down a little bit further.



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**Curiosity Carolyn:** And then as the member is, as it's currently written them, themselves are refers to the behavioral health Advocate. So I would reword it to say when necessary BH advocates will work with a member or their guardian or public fiduciary to teach them how to better, advocate for the member and navigate the BH system. And then scrolling down a little bit further.

**Linda Mecham:** Carolyn, excuse me. What about And/or?

**Curiosity Carolyn:** Yes, thank you. Excellent. Yes. A member and or their guardian or public fiduciary.

**Linda Mecham:** And or public fiduciary. Okay.

**Curiosity Carolyn:** Yes, yes. Okay, we've got, I don't know.

**Linda Mecham:** Jeffrey, can you mute Eduarda?

**Linda Mecham:** Okay.

**Curiosity Carolyn:** And then the next item, the BH Advocate has a non-adversarial role to support members and families in advocating for themselves through collaboration with system partners. So, just clarifying the wording a little bit.

**01:10:00**

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

**Curiosity Carolyn:** Okay, and then item five. This is really confusing. So, I wanted to make it two sentences, right now, it says, the support coordinator, shall not make a referral to a BH advocate through the Division's Office of individual and family affairs OIFA When a fan, when a member is assigned to a BH human rights advocate through the AHCCCS office. Etc. So what I want to do is I want to make it into two sentences. The first says, the Support coordinator will not make a referral for a BH advocate through the Divisions Office of Individual and Family Affairs OIFA. When a member is already assigned, a B H Human Rights. Advocate through the AHCCCS Office of Human Rights DASH specialists period.

**Curiosity Carolyn:** The BH Human rights advocate comma through the AHCCCS Office of Human Rights, Special Assistance, comma will request to collaborate with the BH Advocate through the division to assist with meeting with members needs when necessary..

**Linda Mecham:** I have a question regarding that. Okay, so you're saying the Behavioral Health Human Rights Committee. But these are DD members. So, why not the IOC human rights?

**Linda Mecham:** Leah.



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**Leah Gibbs:** Thank you AHCCCS has a special area that supports members who are designated with a serious mental illness and they call that area their behavioral health. Office of Human Rights special assistance program.

**Linda Mecham:** Okay. Okay.

**Leah Gibbs:** That's what that's their name. Okay.

**Linda Mecham:** All right. Okay, so this is all AHCCCS. Okay, thank you.

**Curiosity Carolyn:** Great. Okay. And then going down some more. um, this is

**Linda Mecham:** Leah is Carolyn back up back up, Jeffrey. What is that? Definitions of "when necessary"?

**Linda Mecham:** What does that mean?

**Linda Mecham:** Carolyn.

**Curiosity Carolyn:** So my concern was that when you say they "may do something", and you don't say when it's when you when you say may do something, it leaves it open-ended as to whether or not, they're going to do it. And so you need to say they will do it and these are the circumstances in which it's necessary. So I'd like to see DDD spell out, The definition of when it's necessary and I'm afraid I wasn't able to get to the left.

**Linda Mecham:** Obviously, I say, I see,...

**Curiosity Carolyn:** Yeah, yeah.

**Linda Mecham:** I see, I see. Okay. All righty. Okay, thanks Jeffrey. Number three.

**Curiosity Carolyn:** Okay. So this is the Division operations manual and I won't read it, but there are the definitions of abuse. On, if we scroll down. So, I'd like to break up the first sentence into two and revise it. So, I kind of have issues with the definition of abuse as written, so the way I reworded it was to be a little bit more. Try to be a little bit more inclusive. So the first sentence would be abuse means the infliction or allowing another individual to inflict, or cause physical pain, or injury impairment of bodily function, comma or disagreement period. And then on the next page, there's the second sentence And it would say, it also means infliction or allowing another individual. Sorry to inflict Serious emotional distress or damage, which may be evidenced by visible, emotional distress, or anxiety verbal expressions. Of emotional distress or anxiety, depression withdrawal, or untoward, aggressive behavior.

**James Maio:** Carolyn. I think we stole the definition from AHCCCS to match. AHCCCS's definition of abuse.

**Curiosity Carolyn:** Okay, so my questions are, how is "serious" defined? Um, is it defined by severity? Is it defined by length of time, you know, when it comes to emotional abuse, it can be very subjective, but it should be, you know, it should be emotional abuse as



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**Curiosity Carolyn:** As experienced by the member. So, if the member is experiencing emotional distress, as a result of someone's behavior, then in my mind, it qualifies as emotional abuse. And if you scroll down a little bit further,

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**Curiosity Carolyn:** So this is from, this is from the medical manual, 961 Incident Accident and Death reporting where it says Verbal emotional abuse, means remarks or actions directed at a member that are ridiculing, demeaning, threatening, derogatory or profane. And so my question is, there are things that can happen that are abusive, that are outside that definition. So, for example, my sister-in-law was in DDD care and we had a situation where a parent of another member in the group home was telling Nicole, Your mom doesn't love you. And if your mom loved you, she would be here right now.

**Curiosity Carolyn:** And number one, Nicole believed everything. Anybody ever said to her implicitly, she had no mental filter to say, Maybe that person doesn't know, or maybe that person is lying to me. So, she found this very distressing and we had a great deal of difficulty getting DDD to address the behavior of this other member. This other member's parents are upset about the call so much. So there are other definitions of abuse. And one of them that I liked is diminishes the sense of identity, dignity self-worth and I added and safety. So I'm wondering if it has to align with AHCCCS. If there's a way that we can, Change the definition so that it's more inclusive and more reflective thing of the things that can happen to our members.

**Linda Mecham:** Leah. You were shaking your head or...

**Leah Gibbs:** We are required to align with AHCCCS.: Just as an FYI, know Carolyn you've got some outstanding recommendations that I would still encourage the committee to consider because maybe they can go and procedures and not in policy.

**Curiosity Carolyn:** Okay. Okay,...

**Linda Mecham:** Oh, that's good. That's a good thought. Yeah. Yeah. Okay.

**Curiosity Carolyn:** Thank you. Yes, yes one. Okay, great. Let's scroll down some more. Let's see. Okay, and then number seven, this is just a comment on my part because neglect as specified in ARS, Obviously, we can't change that, but it was interesting to me that it always talked about intentional because as anyone, who's been following certain legal things. In the news lately, it's very difficult to improve to improve intent. And so this seems to imply that if this wasn't intentional, it wouldn't qualify as neglect.

**Curiosity Carolyn:** Which is concerning to me.

**Leah Gibbs:** That is a concern in the law.

**Linda Mecham:** Yes.





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**Curiosity Carolyn:** Okay. Okay, so that was just something I wanted to share and then scrolling down a little bit more. Therefore for the Division, Medical Manual 961, which is incident, incidental, accident and death reporting on page two number three. The wording is community. Complaint means a complaint from the community that puts a member or the community at risk of harm. And I think what they actually mean is a community complaint is a complaint from the community about a situation that puts a member or the community at risk of harm. So it's not the community complaint, that's putting the member at the risk or the community at risk. It's the situation that's putting the community or the member at risk.

**Linda Mecham:** Carolyn. Can I just ask if you're an English major? Because I am and...

**Curiosity Carolyn:** No, I'm not.

**Linda Mecham:** I was looking, I was looking for the object to that. So you put it in there. Thank you.

**Curiosity Carolyn:** Yeah, was biology major but a liberal arts degree so I'll see that made all the difference in the world. Um, yeah, yeah.

**Linda Mecham:** Yeah, it does. There's an object. Yeah, correct.

**Curiosity Carolyn:** And then, the next one is page five, number 18. So sexual abuse means any inappropriate interactions of a sexual nature toward or solicited from a member with developmental disabilities. And I know it probably has to be worded this way, but my question is, what would be an appropriate interaction of a sexual nature? So because when you know kind of when you say inappropriate interactions of a sexual nature, it's almost implying that there might be an appropriate interaction of a sexual nature. So that was just a thought.

**James Maio:** Well, there can be appropriate interactions of a sexual nature based on member choice.

**Linda Mecham:** James.

**Leah Gibbs:** Consensual sex.

**Curiosity Carolyn:** Okay. So, so there could be an appropriate interaction between a member and

**01:20:00**

**James Maio:** Anyone. They choose.

**Curiosity Carolyn:** Okay, and given the oh boy. Okay, you know and I totally believe in members being able to have sexual relationships, you know, when they can choose. So but I'm kind of concerned about the imbalance of power. In this and so,

**Linda Mecham:** Well, maybe a definition of inappropriate interactions.



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**James Maio:** Well, your question was would there be an appropriate interaction of sexual interaction or you know of a sexual nature and there are appropriate interactions of the sexual nature with members. We have members that are married, we have members that live with boyfriends or girlfriends. We have all kinds of appropriate, sexual interactions between members. That's the answer to your question. if you want to if you want to change or ask inappropriate, be defined, that's another question but

**Curiosity Carolyn:** Okay, yeah,...

**Linda Mecham:** Right.

**Curiosity Carolyn:** So I'm not really thinking about, you know, I'm thinking specifically about staff and members.

**Curiosity Carolyn:** Not members and boyfriends, and girlfriends. And, husbands and wives. I'm, I'm more thinking about staff and how we make it clear that, you know, I don't see how there could be an appropriate sexual interaction. Between staff and members.

**Linda Mecham:** So maybe instead of the what would be an appropriate, put what would be or define inappropriate interaction.

**Curiosity Carolyn:** Yeah. yeah, because in the,...

**James Maio:** It gets into a lot of gray areas because an adult, who makes choices for themselves falls in love with their staff. Now it means doesn't mean that it's a professional but it doesn't mean it's illegal.

**Curiosity Carolyn:** Mm-hmm. Okay.

**James Maio:** And sexual abuse is a is a legal term. So again, it gets into where we, you know, we have to be very careful with the wording that we do or imply when it comes to that because we have had members who have gone on to have relationships with staff or ex-staff. That was not considered illegal.

**Curiosity Carolyn:** Right. Okay.

**Linda Mecham:** And that happens not just in the DDD world.

**James Maio:** Right. Right?

**Curiosity Carolyn:** I, Mm-hmm.

**James Maio:** Yeah. Yeah. You know. Dr. Doctors and patients aren't supposed to fall in love but occasionally they do. Right.

**Curiosity Carolyn:** Right. Right.



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**Linda Mecham:** Or secretaries and bosses aren't supposed to. But sometimes they So, what do you want to do about that? Carolyn that number 18....

**Curiosity Carolyn:** So to me, like, for example, if a For example, like let's take an example just from the world of college. So let's say, for example, a professor and a student are Interested in each other. You know, ideally that that professorial / student relationship would have ended before the other relationship began. Um, so as to avoid those issues. So, you know, I'm just really struggling with this because I can see how that could happen. But I also feel like for someone to be a member of staff and to be having a relationship of a sexual nature with a member is just so iffy to me. Now, if they were an ex-staff, like if they were not working as a staff for that member anymore and then they had a relationship that's different Um, but I'm just, I'm just so I and I understand the difficulty. I'm just so I think just really

**James Maio:** Well. Exactly the same thing. Carolyn, I mean, these are the same questions that we have whenever we utilize this in, in our incident reporting so. And I mean, that's how we look at it. We would, we would, we would delve down into the whether it is appropriate or not, whether or not members made choices, whether or not, it was professional whether or not the the staff then needs to be removed from providing service or needs. It needs to be elevated to the police, as you know, sexual abuse or...

**Curiosity Carolyn:** Okay.

**James Maio:** APS or DCS, which depending on the age of the member, those are all the questions that we use when looking at this particular issue.

**Linda Mecham:** What if we put in non-consensual?

**Curiosity Carolyn:** Okay.

**Linda Mecham:** Inappropriate non-consensual.

**Leah Gibbs:** Sorry, we don't have the right to change that.

**James Maio:** this is the AHCCCS definition.

**Linda Mecham:** Oh, this is AHCCCS. We can't, we can't. Okay, never mind.

**James Maio:** Yeah, this is the AHCCCS definition of sexual abuse.

**Curiosity Carolyn:** Okay, okay.

**Linda Mecham:** Let's move on.

**Linda Mecham:** We can't, we can't change this. Let's just,...

**Curiosity Carolyn:** All right. Yeah.



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**Curiosity Carolyn:** Okay. Yep.

**Linda Mecham:** You know, Pastor James and his gang are doing it well. So, Thank you.

**01:25:00**

**Curiosity Carolyn:** Yep. Okay, so Skip Page eight. Number four, p.

**Curiosity Carolyn:** And then go back up again, please. Yeah. Okay and then number four Q, theft or loss of member monies or properties less than \$1,000. Presumably. Things worth a thousand dollars would be police report or reported to DDD under different chapter and so that was my first question. And my second question is, why is this in the division? Medical manual.

**James Maio:** So it's an incident.

**Linda Mecham:** Okay.

**James Maio:** It's a type of incident.

**Curiosity Carolyn:** So just a second. Put you on pause for a second as he shut up.

**James Maio:** I knew she wasn't talking to me.

**Linda Mecham:** Because I'm new to do that James.

**Curiosity Carolyn:** Sorry.

**Curiosity Carolyn:** I'm so sorry. Um, my house cleaner was here and I had to give her the check and my dog was freaking out. Okay.

**James Maio:** So this is just be it's in the same area as all as the other references for other types of incidents. This is just another type of incident,...

**Curiosity Carolyn:** Okay.

**James Maio:** it's all they're all in the same area.

**Curiosity Carolyn:** All right, let's see. And then let's go down to number five, which is the Medical Policy Manual for Adult Routine Dental Services. What I would say is actually, I would suggest renaming that to Arizona long-term care system, adult dental services, and leave out the routine, because it really does cover routine and emergency care. So that would be my first suggestion.

**Leah Gibbs:** Our dentist actually separated the two into two different policies. Carolyn



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**Curiosity Carolyn:** Oh okay. So I found this and let me click, let me add, I wrote dental policies for Head Start. So I'm kind of like this is something I'm really familiar with. So I was very confused by the way the dental policies are written. Because, you know, this one talks about all texts and then the other one talks about Emergent dental services for members, 21 years of age or old and older and doesn't mention ALTCS.

**Leah Gibbs:** That's correct.

**Curiosity Carolyn:** so, So for this one, the ALTCS Adult Routine Dental Services, is there a separate policy for ALTCS. Adult emergency, dental services,

**Leah Gibbs:** You know, the emergency adult services are all inclusive to any AHCCCS Medicaid member.

**Curiosity Carolyn:** Okay.

**Leah Gibbs:** But again. Have your conversation as a committee, feel free to send forward your recommendations and...

**Curiosity Carolyn:** Okay.

**Leah Gibbs:** they would go back to the people who worked on the policy.

**Curiosity Carolyn:** Okay. Yeah. Because I'm I was really confused by Who was covered by those two dental policies. And Whether or not it covered routine and emergency care. so,

**Linda Mecham:** An outside of your input though.

**Curiosity Carolyn:** so, Yeah,...

**Linda Mecham:** Leah, we appreciate that. Thank you.

**Curiosity Carolyn:** Thank you. Yeah.

**Leah Gibbs:** I'm happy to. I just, I don't want to knock down your thoughts and...

**Linda Mecham:** No, no,...

**Leah Gibbs:** I feel like sometimes I'm doing it.

**Linda Mecham:** no, no. We don't.

**Curiosity Carolyn:** You know.

**Leah Gibbs:** That's not my intent.

**Linda Mecham:** We don't want to send it in unnecessarily, you know, that's what worked for us,...



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**Curiosity Carolyn:** Right exactly, yeah, yeah,...

**Linda Mecham:** you know?

**Curiosity Carolyn:** so, thank you, Leah, keeps it, keep telling me stuff.

**Linda Mecham:** We learn every meeting.

**Curiosity Carolyn:** So I item number two, I suggest changing it to. The division will refer to AHCCCS AMPM 430 for dental services, for members, under the age of 21 just to clarify for anyone that it is that that isn't the AHCCCS policy. And then number three, the division will require emergent services for members which are covered as specified, blah blah. Um, so and then emergence is never really defined in this document, so it might be helpful. Just to clarify what that means because it's not in the I don't believe it's in the definitions of this document.

**Linda Mecham:** Leah. Number two, is that appropriate to put AHCCCS AMPM in there? Or no.

**Leah Gibbs:** It's kind of unnecessary, but In that AMPM is the AHCCCS. Document. But There's no harm making the recommendation. Yeah.

**Curiosity Carolyn:** Right.

**Linda Mecham:** It's redundant, okay. All right.

**Linda Mecham:** Okay, okay.

**Curiosity Carolyn:** Yeah, okay, yeah. And then, let's scroll down a little bit more. Um, so page six item d2c4, it were fuller it refers to Pol. Potomes It does not talk about pulpectomies and technically a polepotomy is removing the pulp from the crown of the tooth. Usually, when you see the term popotomy, It refers to children and their baby teeth. But not always and a pulpect to me is what adults usually get. And that's where you're moving all the pulp in the, in the tooth from the crown and the root otherwise known as root canal. Yes, exactly. Yeah.

**01:30:00**

**Linda Mecham:** I can't. I hate going to the dentist. This whole talk is just driving me nuts.

**Curiosity Carolyn:** Yeah. I know a really good root canal guy. So I just wanted to clarify that...

**Linda Mecham:** Don't. Okay, enough enough.

**Curiosity Carolyn:** because as written right now, the policy doesn't talk about Paul pack to ME's and,...

**Linda Mecham:** To.



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**Curiosity Carolyn:** You know, most adults are gonna need if they need to have the pulp removed, it's going to be a pulpect to me.

**Curiosity Carolyn:** And then my other concern was, You know, we've got these dollar limits on care for members. And I'm concerned about this situation. Oh, and the dollar amount can't be carried from one year to the next. So when we have members who are very difficult to get medical exams for them, you know, what is the, what is the group home doing? What is DDD going to try and ensure that we get that member in for a regular Sam? Because it would be really easy for someone to know, not see a dentist, not see a dentist, not see a dentist. And then end up with a really significant amount of dental work, that needs to be done, to keep them free of pain and infection.

**Linda Mecham:** Leah.

**Leah Gibbs:** Thank you. So Carolyn we all recognize that, please know, that the limits that are set on dental services or legislated they're not employees for us. And the fact that they don't carry over year to year,...

**Curiosity Carolyn:** Here, right.

**Leah Gibbs:** is also part of that legislation. However, when a member resides in a service setting that they are assessed for room and board, there are processes in place to be able to put a waiver on the Mormon Board payment to save that money to offset costs that are not covered services. So there is a process for that.

**Curiosity Carolyn:** Great.

**Leah Gibbs:** When it comes to family members who live with their own family, that's kind of a different story.

**Curiosity Carolyn:** Yes.

**Leah Gibbs:** The division doesn't have like a pot of money that we can give cash to people, but we, we certainly do have Lists of dentists and...

**Curiosity Carolyn:** Right.

**Leah Gibbs:** and dental places that are lesser cost that we can make those referrals to help the family make those choices. But there is a process when we're looking at somebody who needs a significant amount of dental work because we recognize that having healthy teeth, certainly correlates to health.

**Curiosity Carolyn:** Great. Okay,...

**Linda Mecham:** Carolyn one thing too that you might not be aware of is that this is really a good thing that we have this...

**Curiosity Carolyn:** thank you. Yeah.



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**Linda Mecham:** because for quite some time dental coverage was only for 18 up to 18.

**Curiosity Carolyn:** Yes.

**Curiosity Carolyn:** Right.

**Linda Mecham:** So anyone 19 and over did not have dental coverage and we worked really hard to get this to be recognized as a continuing,...

**Curiosity Carolyn:** Right.

**Linda Mecham:** need for adults and we appreciate the division and all that. They did to help us get that through the other thing too, with regards to getting regular dental exams and I had this come up in PRC. Just this last week the members also have a right to choose whether or not they want to go to the dentist.

**Linda Mecham:** And so the,...

**Curiosity Carolyn:** Yes.

**Linda Mecham:** You know, we recognize the need and that it's part. It's part of your good health but they still have the right to choose whether they want to go or not and that was the problem. The behaviors were so severe in this one individual. Well, I've seen it several times but the dentist's office refused to see them and they had been to three different dental offices. So, you...

**Curiosity Carolyn:** Right. Yes.

**Linda Mecham:** they still have their choice for Article 9. Mandy..

**Mandy Harman:** um, I was just gonna say like, For me because and I'm easy to go to the dentist with, but certain dentists try and charge me like extra fee. Because they need a dental assistant in there with them to make sure like I don't joke or whatever and that extra fee is not covered by even my Medicare insurance. So that you know so be a barrier to some of the members especially they live in their own homes. Like I know where I live, I have access to certain things that other people don't, but I just think that's sometimes a barrier and sometimes it's 60 dollar fee. Like

**01:35:00**

**Mandy Harman:** Every time we go, which in my when I encounter the dentist office like that, I was like, That's ridiculous. Because why should I have to pay for your staff? That's already here working, like he? And they were like, It doesn't matter. You require it. So we're gonna charge, you didn't decide go to. Now is part of a dental foundation. So they charge it too but they don't charge me. They follow all of the rules that AHCCCS them for like exit. You're not supposed to be charged for things without prior notice. You know.

**Linda Mecham:** Yeah. That's good to know though.





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**Mandy Harman:** It is. And so I'm what I just wanted, because I know Carolyn was asking, Why don't you know, How are we answered everybody? Get toward a base. Can't afford that extra people because they do have those extra behaviors and they need anesthesia or the assistance then that could be a barrier.

**Linda Mecham:** Thank you for that information, Mandy? Okay, we're going to move on to item number nine. Carolyn Discussion on Medical Policy Manual? Do you have more or did we cover everything?

**Discussion on Medical Policy Manual**

**Curiosity Carolyn:** Yes, I do really quickly it's the Medical Policy. Manual three Medical Policy, Manual, Chapter 300 and it's three ten DASH D1 emergent dental services for members, 21 years of age and older.

**Linda Mecham:** What number was it? 310 What?

**Curiosity Carolyn:** Three, Ten Dash D1. Yes.

**Linda Mecham:** D is in dog. D1. Okay.

**Curiosity Carolyn:** Yes, and for item number six, it's missing. It just finds a responsible person and I think it's missing a comma after adults with a developmental disability And then, let me see.

**Curiosity Carolyn:** And then item. Number eight sought talks about the division shall not subject services outlined and subsection, three, four, five, and seven of the section to the \$1,000 adult emergency dental limit. I think it's confusing to have that after those sections. So, I'm wondering if it could be Structured differently in this policy to clarify it. So that as you're reading Sections, three, four, five and seven, you're aware that it's not limited to the \$1,000 limit.

**Curiosity Carolyn:** And let's see. I don't think I have much.

**Linda Mecham:** We don't understand that Carolyn.

**Curiosity Carolyn:** Okay. So basically

**Curiosity Carolyn:** There is we go here, okay? so, at So for item A it says general covered dental services. And it says that emergency dental services up to \$1,000 per member per contract year. And so you're reading the things that follow thinking that they're all under a \$1,000 limit and you're getting a little anxious because a thousand dollars doesn't go very far and then you get to item number eight and it says, Oh, go back to items. Number three, four, five, and seven, and they're not subject to the 1,000 limits.

**Linda Mecham:** Okay. And what are your concerns?

**Curiosity Carolyn:** My concern is just that it's confusing that that clarification comes after you've read those sections.



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**Linda Mecham:** So maybe in each one of those put, but not subject to the \$1,000 limit.

**Curiosity Carolyn:** Yes. Yeah, I think that would be helpful because I think, you know, when you read something one way and then you read a disclaimer, that's on a completely separate page. You know, it's just to me, it's just confusing. So

**Linda Mecham:** So, which ones are the ones again that are not subject to the limit?

**Curiosity Carolyn:** Um, it is. Um, okay. It is a Let me just go back here. So it is a

**Curiosity Carolyn:** So under policy, it's a general cover dental services and it's items. Number three. Four, five and seven.

**Linda Mecham:** Okay, Leah, you're squinting up there. What's going on. You're on mute?

**01:40:00**

**Leah Gibbs:** My problem is that I don't have these policies in front of me and so I don't remember exactly what they say where. But again, I recommend again sending the recommendations. It may or may not be something that you know, we're gonna be able to do but we will absolutely look at any feedback that the IOC gives us.

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

**Curiosity Carolyn:** Great. Okay.

**Linda Mecham:** Thank you for that.

**Curiosity Carolyn:** Yeah. And then on page nine of this document it again, it refers to Polpotomies but not Pulpotomies. So, it's page 9.

**Linda Mecham:** You're gonna write, you're gonna send these into me, right? So I don't need to write this down,...

**Curiosity Carolyn:** Yeah, yeah, I already have.

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

**Curiosity Carolyn:** I'm maybe you didn't get them because maybe it was too much data in the email, but I'll send them to you again separately.

**Linda Mecham:** Okay, I just got what I got, what I forwarded to everybody and also to Jeffrey, which is what we saw on the screen.

**Curiosity Carolyn:** Okay. Yeah,...



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**Linda Mecham:** That's all I got.

**Curiosity Carolyn:** and then item number D. It says division, and FSS program responsibilities. I think FSS might mean FFS fee for service It says, Fss as in Frederick Samuel Samuel and I think it may mean fee-for-service.

**Curiosity Carolyn:** But I'm not sure.

**Linda Mecham:** So it should be Frank. Frank Samuel, not Frank Samuel, Samuel. Okay.

**Curiosity Carolyn:** I think so. Yeah.

**Leah Gibbs:** Send it in as a question, and they can verify it.

**Curiosity Carolyn:** Yeah. Okay, and then it also under that there's item. Number one, the division shall require the ADSS to provide the following and it's capital a small D large s large s as in.

**Leah Gibbs:** Yes. That's the administrative services subcontract. Those are the subcontracts to the DDD health plans.

**Curiosity Carolyn:** Okay. Okay, thank you.

**Curiosity Carolyn:** And I'm just writing that down. Okay, that's great. and then let's see. And then on page 10, it talks about all services being subject to a retrospective review to determine whether they satisfy the criteria for a dental emergency and then they might be subject to recoupments. So I was just wondering if that meant that, you know, the families might get billed.

**Leah Gibbs:** it depends if the members long-term care eligible it would have to be determined to be not a covered service and then possibly but I don't know the answer because it would be on a case by case basis Carolyn

**Curiosity Carolyn:** Okay.

**Curiosity Carolyn:** Let's see. And then

**Linda Mecham:** This is what happens when DDD sends us out a whole lot of policies in one month.

**Curiosity Carolyn:** Yes, I'm sorry.

**Leah Gibbs:** That's okay.

**Linda Mecham:** No, it's that's...

**Leah Gibbs:** I mean it's exactly...



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**Linda Mecham:** what we're supposed to do. Yes, I'm glad.

**Leah Gibbs:** what we count on you, for

**Linda Mecham:** Yeah. Yeah.

**Curiosity Carolyn:** But wait and then on page 11, the division shall ensure providers who bill members for emergency dental services exceeding with thousand dollar limit conduct the following, and it might be helpful to say conduct the following before providing services.

**Linda Mecham:** Okay.

**Curiosity Carolyn:** and then on And then on page 12, it talks about the provider must first inform the member in a way. They understand about the requested dental services, exceeding, the limits. And I wanted to say, I wanted it to say member And/or responsible adults or however, it should be worded.

**Linda Mecham:** All right. Like you did before previously.

**Curiosity Carolyn:** Yes. yeah,...

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

**Curiosity Carolyn:** and then on page 13,

**Curiosity Carolyn:** And then I meant, this may be not be necessary, but I know number two, says the division show required dentists performing general anesthesia on members shall bill using dental codes and I wondered if that should be AHCCCS's dental codes for clarity. And then the same for item. Number three, shall bill, using medical codes, maybe it should be AHCCCS's medical codes for clarity, okay? Okay.

**Leah Gibbs:** And those are CMS codes.

**Linda Mecham:** They are the same. They're all the same, right Leah?

**Curiosity Carolyn:** Okay. Yeah.

**Linda Mecham:** We're all the same. Yeah.

**Curiosity Carolyn:** Okay, great. Okay. Um, and then on page 14 item number C IV. So C4 talks about Pulpotomies but not pulpectomies.

**Curiosity Carolyn:** And that's it for that policy, you know. And I want to say, You know, dental care in Arizona is a terrible problem and period. I mean not just for people with developmental or intellectual disabilities but it's a terrible problem because the need. So out out strips the resources available and you know in public health we call we call them terrible problems, which means that they are probably intractable problems that



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really don't have good solutions. so I just want to say, you know, I had all these criticisms but I realized that, you know, it's a real challenge and there are a lot of a lot of lot of issues that not a lot can be done about so,

**01:45:00**

**Linda Mecham:** Carolyn might I just say, I don't think it's criticism. I think it's clarification. So, and...

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

**Linda Mecham:** You did good.

**Linda Mecham:** Mortality review.

**Curiosity Carolyn:** oh, Now, do you want to address the Cultural Competency and language AHCCCS plan? So we discussed that at the next meeting, it's two policies on cultural.

**Linda Mecham:** Is that the one that you and Eva were working on? No.

**Curiosity Carolyn:** Um, no, it wasn't. Yeah this is what I just looked at myself.

**Linda Mecham:** Let's do, let's do for, let's do table this until the next one, because we're getting started on time, we need to make a and...

**Curiosity Carolyn:** Yes.

**Linda Mecham:** it does, we have time to respond to that, right? Okay.

**Curiosity Carolyn:** Yes.

**Linda Mecham:** All right. And then let's have a motion on Carolyn's

**Linda Mecham:** Clarifications for the policies. That she has just submitted Eva.

**Women's Studies:** I have problems with. Doing the whole thing and voting on the whole thing because I have issues with different ones in there and I sent it in the next agenda item is. I am also talking about the same thing she did and so therefore,

**Linda Mecham:** Okay, let's hold up on that. Let's hold off on the motion then and you present your concerns and then we'll do a motion. How's that? Okay, what are your?

**Women's Studies:** Okay.

**Linda Mecham:** Let's do it, then We'll table Jeffrey. We're going to table item number 10 for next month and and we are moving on to item number 11 Policy Review questions from Eva



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**Policy Review Questions (Eva)**

**Women's Studies:** Okay, so part of I sent you and Carolyn those for because I had issues with them and obviously Carolyn had issues, but actually I needed clear. So they have this is for Leah. This is the early notification for Adss, Medical 961.: But what happens with a sentinel of that, what do you do about it? I mean, you know, there's a whole list if Jeffrey scrolls down of what is a sentinel event, but on the same token, what does the Investigation. What is DDD do with a sentinel event? Once they have it.

**Leah Gibbs:** so, Even as you know, there's a lot of different categories that fall into sentinel events,...

**Women's Studies:** Yeah.

**Leah Gibbs:** right? Okay, so each and every one has its own process that has followed related to it. So if you have a specific one in mind that you have a question about

**Women's Studies:** None. Well, I just was curious. Well actually you clarified it because so I guess part of what happens is you know it's like you label things and so what do you do when you label it? But so each one of the Sentinel events have a different outcome for being a sentinel event.

**Leah Gibbs:** It has a different there's going to be it. There's like a general thing and we determine if it's a quality of care concern, we notify the appropriate legal authorities whether it's aps-cps, law enforcement, if necessary we collaborate with the investigative body sometimes it says, Sometimes it sends sometimes it's together. We then would take whatever appropriate action would need to occur and the term IADs is a term that AHCCCS uses as incidents are uploaded into their portal system. And so they call them IADs just so that, you know, but they're still generated off of our incident report.

**Women's Studies:** Okay, because that was another question. I needed to understand our IRs are number suddenly becoming an IAD or what so,

**01:50:00**

**Leah Gibbs:** Well once they're uploaded into the AHCCCS system that we've been talking about for a long time wanting to use their portal system for incident reporting when that transition occurs and incident report that is uploaded. They refer to them as IADs

**Women's Studies:** Okay, got it. So I just wanted to understand. So up at the top Jeffrey, it's Adss Medical 961, and you scroll down and then there's an early notification of medical 961, What is the difference between the ADSS and the divisions medical 961?

**Leah Gibbs:** An ADSS is an administrative. Subcontract that goes to our DDD health plans. They have to follow policies that we put online for them and those are administrative subcontracts. So the DDD health plans are the ADSS policies, the the medical manual policies are policies that are for us and all of our qualified vendors that we contract with and the two policies when you line them up side by side or generally



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almost identical except it's not uncommon in the DDD policy that is in our medical policy to include some of the information about how DDD provides oversight to the health plans for compliance with the policy.

**Women's Studies:** Okay, thank you. So, so under the medical 961,...

**Linda Mecham:** That's good to know. Thank you.

**Leah Gibbs:** Oh, you're welcome.

**Women's Studies:** they talk about monitoring compliance through tracking and trending and I have started to see in the IR closed IRs, where they talk about trending. And in the executive sessions, I do have an issue about

**Women's Studies:** A death where there were 25 IRs trending? and so, What, exactly do you do when you have these trending things that you see?

**Leah Gibbs:** So it would be best responded to by the Quality Assurance manager I can give you some general information. I can tell you that when they see trends: there are actions. That the division may very well take, and it might be performance improvement plans. It might be educational plans. It might be corrective action with qualified vendors and how they follow their processes and policies. But when they see trends, it triggers another level of oversight. And, for example, we put out like informational flyers around choking and asphyxiation because we thought of trends of members who were choking and potentially dying from excitement and we weren't doing enough education out in the community about it. And those are some of those performance improvement type strategies that we follow. But if there's a trend around a particular case, it would be something that the Quality Improvement area of the division would be looking at and it might be going back to that vendor agency and looking at their processes and systems. It might be looking broader than that, about our process, in providing oversight of those incidents. It just depends on the circumstances and what we're trending. But does that help? No, James can add more.

**Linda Mecham:** James..

**James Maio:** So it also could mean that we bring together other parts of our own internal teams to discuss on specific member trends. Like So if we feel like we need to bring together support coordination, behavioral health, or network or quality or monitoring those trends, can then be us into specific things that are going on with specific members, as well as all the stuff that Leah was talking about. Systemic issues within vendors. When we're looking at across vendor things. When we're looking at everything that goes on, within a group home, say multi-members in a group home multi members in an agency district issues that are going on within specific districts issues that are going on in regions within the state. You know, if we're looking at areas like everything that's affecting maybe specifically Yuma or areas like in District North when we were having displacements due to fires, those are the types of things that Can trend and then we can come up with responses based on those trends. So there's a It's not one thing, it just depends on what the trend is and how we respond.



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**Women's Studies:** Okay.

**Leah Gibbs:** But I can assure you that we do trend and we do respond.

**Women's Studies:** Yeah, I started noticing that cute little word in my closed IRs. I don't have commented on those trending things. Anyway the group home requirement one that 54 group home requirements. Uh yeah 54 group home, requirements down here you headed up Jeffrey.

**Women's Studies:** Yeah. 54 Group Homes Requirements, Okay. So maybe we could talk about discuss the three days worth of meals if we think that's enough. But I'm trying to talk about the things that Carolyn talked about. So in that 54 group home requirements, they talked about the enhanced behavioral group home, additional requirements. And does this mean we now have enhance behavioral group homes, Leah. just,

**Leah Gibbs:** It means we're almost there.

**Linda Mecham:** That's a result of that law, right Leah. Yeah.

**Leah Gibbs:** That's part of it Linda? Yes, yes.

**Women's Studies:** Okay. Okay...

**Leah Gibbs:** It's been an ongoing process.

**Women's Studies:** so I just so, you know, Carolyn went into if you go down just a tad, Jeffrey Down scroll, okay, stop right there. So Carolyn talked about that 1290 behavior health policy. Now, according to that, I think I don't know if that's early or that's, that's final. so, what I need to know is with Because she was talked about these advocates and yet in the enhanced Behavior group home. They were talking about just providing a minimum of 10 hours of clinical oversight with a minimum of 50 hour, 50% of the hours provided on site. And, so what I needed to know is, DDDs really **have** these policies here and these policies here and yet they sort of messed together. So it is behavioral health advocate going to be done used in the enhanced behavioral group homes that have No.

**Leah Gibbs:** No. UM, the Behavioral Health Advocacy program is under me in the Office of Individual and Family Affairs, and our behavioral health advocates, we have four, we are in the process of hiring a fifth and they are available by referral from the support coordinators to assist the members and their families in navigating, the behavioral health systems of care in Arizona and individual who resides in an enhanced behavioral group home may or may not need a behavioral health advocate it because they may very well know what they need and how they need it and can advocate for that but they may need assistance. It just depends on the clinicians that oversee the enhanced behavioral group homes about those 10 hours a week is not related to the advocacy program from OIFA.





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**Women's Studies:** Okay, Can you explain what this "nesting" is all about? I mean, it's sort of weird. What does that mean? Is that nesting trying to give people out of the enhance behavior group home type of thing? Or what is that?

**Leah Gibbs:** i, I am not involved in this one Eva and I think that you're welcome to send up that question and have someone other than unless someone else is on the call from the division that has the answer to that.

**Women's Studies:** Okay. because,...

**Linda Mecham:** Is Mary still on.

**Leah Gibbs:** I don't think she was able to stay.

**Women's Studies:** What, what NSGH?

**Leah Gibbs:** Nursing supported group home.

**Women's Studies:** oh,

**Linda Mecham:** So Mary left, right?

**Women's Studies:** Okay. So,...

**Leah Gibbs:** I think so. I think she had to

**Linda Mecham:** Now.

**Women's Studies:** okay, so I can do that because of nothing else, if I don't get it, bye. I'll see, I can make my own comments. And so, just the, the thing there is to remind myself about the Office of Human Rights, the AHCCCS Office of Human Rights, Special Assistance. That's just so it went in.

**Leah Gibbs:** Right. And that's specific to people who have been designated seriously mentally ill. And they provide an advocacy for those folks.

**Women's Studies:** And they. Oh, I know them. Now I just read how to remember their name, Okay, so what I wanted out of the IOC discussion was, Do we want up under 12? Do we want more than three days worth of meals and snacks? Because last time we talked about Flagstaff, Flagstaff, and having all that snow and all the stuff was three days, really enough.

**02:00:00**

**Women's Studies:** Any comments.

**Linda Mecham:** I'm grateful to see three up there to tell you the truth.



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**Women's Studies:** Well actually, what I'm if you will classify I am going. I feel that when they talk about the menus for each group home, I have to reread it to make sure that members get to choose the menus. But I also feel that for kids and teens, the group homes should consider food groups and the appropriate amount of servings per age group.

**Linda Mecham:** Least three days worth it says actually maintain at least three days but you know it's just a minimum Eva. So

**Women's Studies:** But it doesn't.

**James Maio:** Even even the rules. I think the rules do say they do talk about nutritious meals. Yeah, we,...

**Women's Studies:** Okay. I,

**James Maio:** we looked at, we looked at that when we made the recommendation as well, because we were also talking about that as well.

**Women's Studies:** was just concerned about group homes for the kids and teens that, you know, macaroni and cheese, you know, without milk product of

**James Maio:** Right. Chicken, nugget chicken nuggets. Five days a week doesn't seem like a great choice. Yeah. And and...

**Women's Studies:** Yeah.

**James Maio:** We came up with the three days just so, you know, as kind of a compromise: because some areas, again, you know, it's, it's nothing in Phoenix to go shopping every few days, right? And but, you know, right, you're right and some of the rural areas, but most of the agencies know that this is again, to hold them to a minimum amount because we have gone to places and then we've had no rules to hold anybody accountable. There's no rule that says you have to have any minimum.

**Women's Studies:** Yeah.

**James Maio:** So if you have one meal, we weren't able to really, you know, other than to make a recommendation and then just, you know, Have them go out and buy more food. We couldn't hold them to any kind of rule. So this gave us some rules to hold vendors accountable for a minimum amount.

**Women's Studies:** Yeah. Yeah.

**James Maio:** So that they weren't running out of food all the time.

**Women's Studies:** Yeah. So

**James Maio:** It doesn't it really doesn't come up that often though. It really doesn't.



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**Women's Studies:** Well actually actually I see a lot of And maybe in the group homes, what they need to do is I've seen IRS where the group home does not send enough. Nutritious lunch to the day program,

**James Maio:** Yes, yes, we do that. Then we get a lot of complaints about food, but what it turns out to be is like, they didn't buy enough like junk food for someone's tastes? Not that there wasn't any food in the home is that there wasn't any specific food that somebody wanted in the home and then that is what the complain ends up being about. But, just in general, we, we very rarely see that there's no food in the home, we mostly find out that it's, it's a complaint more about content of food, you know. Like I really wanted there to be Pringles and then said All there is, is say a freezer full of food and a cabinet full of food, but it's not the thing I wanted. And so the complaint was made to say There's no food in the house,...

**Women's Studies:** but,

**James Maio:** but it was a generic statement rather than a specific statement, you...

**Women's Studies:** No. It was for people in.

**James Maio:** that there was no food.

**Women's Studies:** That go to the Day program and the group home does not.

**James Maio:** Send their lunches or send a nutritious lunch or a complete lunch? Yeah, we see that we do. See that quite a bit.

**Women's Studies:** I have seen it quite a bit, and it's not addressed in this eye in this in this In this.

**James Maio:** Yeah.

**James Maio:** This rule. No, that's not addressed in the rule either.

**Women's Studies:** I have to remember that.

**Linda Mecham:** Anything else Eva?

**Women's Studies:** No, no. But In clarification of Carolyn.

**Linda Mecham:** Okay.

**Women's Studies:** She the ones that you looked at, she wanted to change the child to the will and I want you to know DD in all their policies have the shall and the will. And so if you want the shell and the will, you need to make a special Recommendation separate from the rest of the policies that says, you want to change the shell to the will and give your thing and vote on that as opposed to in each one of the things. Because every early policy have our policies that come through,...



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**Curiosity Carolyn:** Right.

**Women's Studies:** without us, commenting on. All have shall and...

**Curiosity Carolyn:** Right, and...

**Women's Studies:** do have with

**Curiosity Carolyn:** I think we've, and I think we've talked about this at previous IOC meetings. Is that every policy does have the word shall in it.

**Women's Studies:** and and so if you want to change it, I think you have to make a specific And to DDD that they need to look at that and...

**Curiosity Carolyn:** Yeah.

**Women's Studies:** not not include that with the rest of the stuff that you want to make comments on.

**Curiosity Carolyn:** Yeah, I think we as a committee could do that right. Linda

**Women's Studies:** You just have to make a motion.

**Linda Mecham:** I, you know, I've done, I've gone the rounds, so I go ahead Leah take over for me here.

**Leah Gibbs:** I really don't feel like I clicked it on and then I went off and then I went on and...

**Linda Mecham:** I'll go for it.

**Leah Gibbs:** Then I went off. I just feel that you're always. Welcome to make a recommendation. Please understand that? We're following the format that we utilize. Following the format that AHCCCS utilizes following the format that we are told from our attorney General to utilize. And I I think there's a lot of passion behind your request, but you understand that you can make it but it may not make a change.

**Curiosity Carolyn:** Right.

**Linda Mecham:** Totally agree and at least it's not May.

**Leah Gibbs:** That's intentional.

**Curiosity Carolyn:** Yeah.

**Linda Mecham:** Yes. That's when I have the problem with it when it says May that's you know, Shall or will. And if you really want to get down to Shall versus Will, if you want to make it real, very consistent, you can



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put must instead of shall. But I think that given that we're in the state of Arizona, that's how the laws are written. That was going to be part of the discussion that I made during the motion. But I think there in Arizona, I think that we would be better off. Just leaving it as shall because that's how everything goes. I've done stuff with the legislature and gone the rounds, but at least it's not me. That's my only. So, but we can get in. We can get further into that. Mandy, you have your hand raised.

**Women's Studies: You are Muted.**

**Mandy Harman:** Oh, I was having trouble getting the button. Um,

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

**Mandy Harman:** I, I just wanted to say that back to the three days of food thing is, is that some And I know this seems like our thing to think about, but some provider agencies like Have you know, like, I know it shouldn't be that way, but they have to wait for their payments to come from the division to do you know, to do all the things for the group homes or whatever. And I mean, we do much more than that. It may become a hardship for for some of those agencies.

**Linda Mecham:** Correct me if I'm wrong James and Leah, but I think that agencies are supposed to have three months worth of cash. So that they don't run out of money. I mean I've heard that over the years, so,

**James Maio:** Yes, they are. Supposed to have be able to run their business for three months on their reserves.

**Linda Mecham:** Yeah, so not having enough money to go to the grocery store is not a valid point. Okay? Are we ready to have a motion now on this?

**Linda Mecham:** All right. Carolyn, would you like to make a motion on your Items.

**Curiosity Carolyn:** Okay, so you might have to help me with this. So I make a motion that The committee submits our recommendations to DDD for the following items. The provider chapter the Provider Manual Chapter 54 Group Home requirements, 1290 behavioral health advocacy, 602-g reporting member abuse neglect and exploitation.

**02:10:00**

**Linda Mecham:** Right.

**Curiosity Carolyn:** 961 Incident Accident and Death Reporting and the Medical Policy. Manual 310-2, which is adult routine, dental services, and 310 D1, which is emergent dental services for members, 21 years of age and older.

**Curiosity Carolyn:** so, I said,



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**Linda Mecham:** Was that that was all, was that both of you, right? Both agenda items. Okay. Okay.

**Curiosity Carolyn:** Yeah, that was everything that we discussed.

**Linda Mecham:** All righty. Is there a second?

**+1 602-\*\*\*-\*\*22:** I second it.

**Linda Mecham:** Thank you. Debbie. Do we have discussion? Eva, you're unmute.

**Women's Studies:** so it including in that she had the shell to the will and I will not vote for any of it. I will, I wanted to separate, you know, because I'm willing to vote for the dental stuff and the pulpectomy to me. But I have concerns about some of the other stuff that she put in her motion and I will, and I feel Sad that I have to vote? No, because, you know, I do not believe in changing the shall to the will, and that is in her motion.

**Women's Studies:** And that's...

**Curiosity Carolyn:** And we can take that out of the motion.

**Women's Studies:** why I would like to take out the dental stuff on voting on the dental stuff separate from the rest of it.

**Linda Mecham:** What other, what other issues do you have on the other items?

**Women's Studies:** well you have to you know, some of her definitions that that they both all both Leah and James talked about the fact that they're they're actually AHCCCS stuff and so And to have it all along together like that. I just I I don't like it. I just, I'd rather just you know, have Jeffrey put up her comments so that we can go line item and then Rather than having her have her policies that she took having her whole sheet of paper that want you to paper,...

**Linda Mecham:** Okay.

**Women's Studies:** is not what I want to vote for.

**Linda Mecham:** Okay.

**Curiosity Carolyn:** I'm good with that.

**Linda Mecham:** Per Robert's rules, do you pull back? How do you, how do you word that pull back the motion or or How do we say that? Jeffrey. Do you know?

**Jeffrey Yamamoto:** So, you would either do an edit or you can rescind a motion and then re-emotion it.

**Linda Mecham:** Okay. Carolyn, are you willing to rescind your motion?



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**Curiosity Carolyn:** Yes, I'm happy to rescind my motion so that we can look at things individually.

**Linda Mecham:** Do we have a second on that? Eva, thank you. Okay.

**Linda Mecham:** So for you. So now let's redo the motion and go policy by policy.

**Women's Studies:** So, why don't we since the reason I I'm willing to vote for the 310. Oh the one on the, the dental. So I'm agreeable to all that since she said she worked on writing stuff, so why don't we vote on that one first before we start getting into the nitpick of the rest of it?

**Linda Mecham:** All right. I need a motion.

**Curiosity Carolyn:** Okay, so um, so I make a motion that we review the dental. And now I have to pull it up again.

**Women's Studies:** Happening.

**Linda Mecham:** It's 3:10 the medical policy manual. Credential.

**Curiosity Carolyn:** Yeah. You have three. Medical Policy Manual. I'm just grabbing it here because I don't remember all Oh yes.

**Linda Mecham:** He's got it on screen.

**Curiosity Carolyn:** Okay. Medical Policy Manual. 310-2 ALTCS. Adult Routine. Dental Services.

**Linda Mecham:** And your motion would be what we want.

**Curiosity Carolyn:** That we visit that we review the I recommendations item by item and determine which ones we are going to include in our recommendations. Sorry.

**Linda Mecham:** No, no, no no. We're going to pass.

**Women's Studies:** No, no.

**Linda Mecham:** We're going to pass number five. And then we'll review the others.

**Women's Studies:** We're going. So basically can I make the motion?

**Linda Mecham:** Yes.

**Women's Studies:** So we're gonna The IOC is going to submit comments on the Medical Policy. Manual 310-02 the AHCCCS adult routine dental services which would

02:15:00



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**Linda Mecham:** D2. D as in dog. D2 310 dash D2.

**Women's Studies:** Oh, that's D2. I'm sorry. That was zero two. Anyway. So,...

**Linda Mecham:** I know.

**Women's Studies:** we're Gonna make that. To include the definition of emergent services to include a peck pectan.

**Curiosity Carolyn:** Polpectomy.

**Linda Mecham:** The comments presented with Carolyn.

**Women's Studies:** Pactamic and and the other items. Listed that.

**Women's Studies:** On the IOC, maybe.

**Women's Studies:** so, oh, and that we're going to add These services don't count towards the AHCCCS.

**Women's Studies:** ALTCS thousand dollar limit to. Each one of the services.

**Women's Studies:** Line item by line item.

**Women's Studies:** Does that cover everything? I can't see anymore, Jeffrey.

**Linda Mecham:** I thought we were going to say. That we will approve that that this that we approve and wish to submit the notes. That have been prepared. And discussed in this committee under medical policy, three 10- D2. Is that correct as written?

**Women's Studies:** But it's not as written because we did change.

**Linda Mecham:** Sure. No, her notes as written.

**Women's Studies:** I know, but we did change. We did change when you go down to the bottom Jeffrey, where, where she added the Down further down. Down.

**Linda Mecham:** Don't see. That's the end of it

**Women's Studies:** I thought it's talked about, I thought she had something where I was talking about The limit. For two, three and four. And they and you decided to put a per line item. Rather than having that comment at the end. You sure there's not another one down.

**Linda Mecham:** Oh, oh I know what you're talking about. Okay. So,...

**Curiosity Carolyn:** Yeah.





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**Linda Mecham:** put a numbers on three, four, five, and seven. Structure so that those include not subject to the limit on numbers. Letter, A number three, four, five and seven, right? Yeah. Okay.

**Women's Studies:** Right. And so she had some questions in here. And so the biggest problem is you have it her what she said. It does not include what we discussed. Because we were talking about adding block.

**Linda Mecham:** All right. Right. He did okay,...

**Women's Studies:** Stop acting for adult.

**Linda Mecham:** So she did put she did have that concern subject to the limit. That was a concerns that's number eight and she wanted that and and we thought that it might be have more clarity if it was added to the ones that that it does not refer to number three, four, five, and seven. Rather than as number eight. Correct Carolyn Okay.

**Curiosity Carolyn:** Yes.

**Linda Mecham:** All right.

**Linda Mecham:** so, so, the way your motion read was that we are going to accept

**Linda Mecham:** Number five, in Carolyn's notes as written with the addition of adding the not subject to the limit on numbers. Three, four, five and seven. Correct.

**Women's Studies:** And define emergent. Yeah, because you and define emergent. Yeah.

**Linda Mecham:** The responsible person. Comma. Missing. Okay, well,...

**Women's Studies:** Yeah.

**Linda Mecham:** she said that, that was in there. So All right. Do we have a second on this?

**Curiosity Carolyn:** I'll second. Oh sorry.

**Linda Mecham:** You can't second your motion Eva. No Carolyn.

**Women's Studies:** Oh, I'm sorry.

**Linda Mecham:** You can Eva was when that made it so you can second it.

**Curiosity Carolyn:** oh, I seconded.

**Linda Mecham:** All right, thank you. All right, we have, do we have further discussion on this? All right, we need to have a verbal vote.



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**Linda Mecham:** Eva. Carolyn.

**Women's Studies:** Yes.

**Curiosity Carolyn:** Yes.

**Linda Mecham:** Mandy. James.

**Mandy Harman:** Yes.

**Linda Mecham:** I mean, not James, I'm sorry. Debbie sorry. I know. All right. Who else are we missing?

**Women's Studies:** We're missing Eduarda

**Linda Mecham:** Said. Eduardo.

**Linda Mecham:** Is she on the phone still?

**Linda Mecham:** Well, now we can't really don't we have a quorum?

**Women's Studies:** Yeah, because we have Mandy.

**Mandy Harman:** Yeah.

**Women's Studies:** So, you That's...

**Linda Mecham:** that's only for,

**Women's Studies:** because you can't vote. So that's four out of five.

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

**Linda Mecham:** No, it's four out of eight and we need five.

**Jeffrey Yamamoto:** Eduarda is still on. She is on.

**Linda Mecham:** Okay. Eduarda, we need your vote.

**Mandy Harman:** I don't think she can hear us.

**Linda Mecham:** Now you what? We can't vote on this because we don't, I can't, I can't vote, right? Jeffrey.

**Jeffrey Yamamoto:** At this moment, I believe if it is a half and half, you can make a decision on being the final vote



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**Linda Mecham:** All that's right. That's right. Okay. All right and I vote. Yay. All right. Yes. So it's in the affirmative with one and abstaining Eduarda, abstaining. Not voting no vote. She abstained, she didn't vote All right, so that's passed. All right.

**Linda Mecham:** In the interest of time. Everybody.

**Linda Mecham:** We still.

**Women's Studies:** Can we load on the can we load on the three days that we make a comment to that? IOC makes a comment to on the group home 54 on the three days that we approve that?

**Linda Mecham:** Yes, which one is that? Something.

**Women's Studies:** That Group home requirements...

**Mandy Harman:** Is why?

**Women's Studies:** where they have to have three days worth of food, meals and snacks.

**Linda Mecham:** Leah.

**Leah Gibbs:** I don't think you really need to vote on it because it's already in there. The purpose of the public comment was anything.

**Linda Mecham:** Right.

**Leah Gibbs:** You think we need to change?

**Linda Mecham:** Yeah, I know.

**Women's Studies:** Okay, thank you.

**Linda Mecham:** I was thinking. What are we? I thought We agreed to that. Okay. You can tell I'm going nuts and time to almost time to end this meeting ladies.

**Mandy Harman:** Huh, I'm sorry but I'm gonna have to leave in like right,...

**Women's Studies:** I have.

**Mandy Harman:** right now.

**Linda Mecham:** Okay. Thanks Mandy.

**Linda Mecham:** Appreciate you being on.



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**Mandy Harman:** Because I have an appointment that I got to get ready for it and...

**Mandy Harman:** like half an hour or so. I'm sorry.

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

**Women's Studies:** I,

**Linda Mecham:** Thank you. No worries, thank you for being here. Just meant even. Okay. Thank you.

**Women's Studies:** Okay.

**Linda Mecham:** Mandy Okay Eva, what's your comment?

**Women's Studies:** I have to go to an executive session because I have to have a question for James.

**Linda Mecham:** I'm not ending the meeting. I'm just what I'm going to do is propose that because we have another month. To review these items. That. Questions with regards to hers to her comments. I would appreciate it if you would look at her comments. And make your recommendations for that. We will meet again next month. And we will finalize this motion and get those in.

**Women's Studies:** Oh okay, so you're not going to send them. oh,

**Linda Mecham:** Leah. You're getting ready to say something. Okay, all right. So, no,...

**Women's Studies:** so,

**Linda Mecham:** because we don't, we really don't have time to keep discussing this. I hope that's all right with everybody. We need to get into executive and...

**Women's Studies:** Okay.

**Linda Mecham:** move on and I don't know. How is it going to would it take long for you to go over? What your questioning on this?

**Women's Studies:** I'm That what a question.

**Linda Mecham:** Carolyn's comments.

**Women's Studies:** I'm not questioning anything. I wanted to make sure we're going to executive session so maybe you.

**Linda Mecham:** I'm not no I'm not I'm not talking executive right yet. I'm talking these motions are those comments going to take you long to do?



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

**Linda Mecham:** Because if they do, I would just prefer that you write them and submit them. So that the whole committee can look at it. Before our next meeting.

**Women's Studies:** so, as far as I'm concerned, we passed the dental. We, we passed my other. Oh, oh.

**02:25:00**

**Linda Mecham:** No, we don't have to do three days.

**Women's Studies:** I know what you're talking about. Maybe she could. Cultural. that maybe we can, I can figure out because, you know, trying to figure out what she was talking about because we didn't

**Curiosity Carolyn:** Yes, I'll send those out. Eva

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

**Linda Mecham:** Wouldn't I didn't listen to that already.

**Women's Studies:** then That's the cultural ones. She just set out the paper sheets. I,

**Curiosity Carolyn:** Yeah, that you didn't for some reason you didn't get the other documents that I sent out. So those are the ones concerning...

**Linda Mecham:** Okay. Can we vote on the ones you sent out?

**Curiosity Carolyn:** cultural the family.

**Linda Mecham:** You don't have any comments about those. Do you?

**Women's Studies:** Yes, I do.

**Linda Mecham:** All right then. Okay. Then we're done. We're done with this then. Okay.

**Women's Studies:** I misunderstood what you were talking about?

**Linda Mecham:** All right, so Carolyn you'll send those out, send those to me and...

**Curiosity Carolyn:** Yep.

**Linda Mecham:** Jeffrey and Jeffrey if you don't mind sending those out to us again.

**Curiosity Carolyn:** Yep.

**Linda Mecham:** And use Carolyn's care or Carolyn's curiosity email, not the outlook one, right? Carolyn



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**Curiosity Carolyn:** Um, actually, if you could just put both in there about both contacts for me, are you allowed to do that Jeffrey?

**Jeffrey Yamamoto:** I am actually already switched you over to your curiosity Gmail.

**Curiosity Carolyn:** Okay. Yeah, if you could include both, that would be great.

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

**Jeffrey Yamamoto:** You're at number 12.

**Updates from DDD**

**Linda Mecham:** Thank you, Updates from DDD. Go ahead, Leah.

**Leah Gibbs:** Well, the good news Linda is, I don't have a lot.

**Linda Mecham:** Okay.

**Leah Gibbs:** I would like the Commit. Very positive feedback about implementing in-person meetings again, not only from our staff but we're hearing it from our self-advocates and from some advocates and family members. So we're happy about all that. We know that we're still working through some issues. For some larger teams, about being able to coordinate, having some people attend virtually while others are doing in person and we're running into a few little technology glitches, but we're working through those. So that's going. Well, I have a piece of really exciting news to share with the committee that for the first time,

**Leah Gibbs:** In quite a while. The division has now been released from all notices to cure from the AHCCCS administration and it's just been a tremendous amount of hard work and a lot of support from AHCCCS and being able to successfully resolve those concerns and issues. And we continue to look forward to moving forward and doing some more proactive and positive forward looking initiatives. So we're excited about that. I have no new updates when it comes to the legislation that proposed adding spina bifida or Prater Willy is qualifying diagnoses. And we have not gotten the final word, whether or not, they're going to continue to move, or they're done moving. But once we know, we'll be sure to let you know, House Bill 2166, which was the bill that required a new level of licensure, for behavioral group homes. Did in fact, pass and was signed by the governor.

**Leah Gibbs:** So that means the division will be working with the Department of Health Services as they make rules around that new requirement.

**Leah Gibbs:** And we'll be figuring all that out as we go. And as James mentioned earlier, we have been implementing. Now, the legislation that passed last year, that was a House. Bill 2865 that has the Arizona Center for Disability Law. Conducting monitoring and investigations around about incidents involving members who have complex needs and reside in DDD group homes. They are at this point members that are



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identified as part of this group of folks are residing in approximately 500 separate group homes but we have they have started the process and at the end of the year, we'll be working on our first annual report that will go back to the legislature regarding incidents, that occur in those homes and the information. The legislature asked for in that report,

**Leah Gibbs:** So, it's a fairly short one today,...

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

**Leah Gibbs:** unless you have any questions.

**Linda Mecham:** What about the bill regarding supported decision-making and guardianship?

**Leah Gibbs:** You know I heard it was being fast tracked and we've seen some but I haven't heard it's past and I haven't heard it's been signed in. Have you heard something different around that?

**Linda Mecham:** I've only heard that it's been fast tracked, I've got Nancy Barto wants to talk to me today because she's working closely with those guys and we were against SDM when it went in its original form a couple years ago. Not, we the ILC,...

**02:30:00**

**Leah Gibbs:** I understand.

**Linda Mecham:** But yeah, so and totally against the way. The guardianship bill was set up this year,...

**Leah Gibbs:** Mm-hmm.

**Linda Mecham:** but I just was wondering because I haven't read the final one that's being fast-tracked.

**Leah Gibbs:** Yeah, we've got, we've just got our hands on it late.

**Linda Mecham:** So I am

**Leah Gibbs:** Last week, we are aware of it. Obviously, we will do what we need to do in the event that it passes and...

**Linda Mecham:** Yeah. Well,...

**Leah Gibbs:** get signed into law. Me too,...

**Linda Mecham:** I make just to read it because Yeah.

**Leah Gibbs:** I mean, really read it, not just skim it, right?



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**Linda Mecham:** You're right right? Okay. I just wondered if you knew anything about that or what was going on with it. I have nothing for their for Leah Eva.

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

**Linda Mecham:** Your?

**Women's Studies:** So, do you hear anything about SDR? 1012 about the employment? First disability.

**Leah Gibbs:** not that has passed through our legislative review committee that I'm involved with

**Women's Studies:** Okay. Thanks. That was that thing that I forgot last time and yet you did talk about it.

**Linda Mecham:** Okay. So that's any other DDD updates. ADOA Larry.

**ADOA Updates**

**Linda Mecham:** Are you awake?

**Lawrence Allen:** Yes. Ma'am. I'm still here. What? One quick update for the committee is our open meeting law. Training is June 7th. If you don't have the invite, please let me know or Jeffrey know, we'll be happy to get that out to you. I would.

**Linda Mecham:** Did that go out a way back?

**Lawrence Allen:** Yes, I believe it has. If you need me to resend, I'd be happy to Okay. I will send it to everybody...

**Linda Mecham:** Thank you.

**Lawrence Allen:** since everybody in the committee. um, I would highly recommend everyone attend...

**Linda Mecham:** Okay.

**Lawrence Allen:** if you can, if you can't, that's okay. I will work on getting another training schedule, later in the year. To catch those.

**Linda Mecham:** How long does it last?

**Lawrence Allen:** Approximately 90 minutes. It's, it'll be a virtual training.

**Linda Mecham:** Okay.

**Lawrence Allen:** And I believe it's set to start at 10 am. So it'll go from about 10 to 12:30.





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**Linda Mecham:** 12:30 or 11:30.

**+1 602-\*\*\*-\*\*22:** Very excuse me. Mary, what did you say that? That was going to be

**Lawrence Allen:** June 7th.

**+1 602-\*\*\*-\*\*22:** Okay, thank you.

**Linda Mecham:** That's 90 minutes, 90 minutes.

**Lawrence Allen:** Button 90 minutes. Yeah, so it'll be 10 to 10 to noon in noonish.

**Linda Mecham:** 11:30.

**Lawrence Allen:** Depending on how many Q&A, how long that goes. Cuz that's usually that usually goes a little bit longer because people have a lot of questions.

**Linda Mecham:** Okay.

**Lawrence Allen:** And come prepared with your questions, a little little things that seem to boggy down or you're just not sure on Maybe during the training, he can get those answered for you. You don't have to won't have to ask but he doesn't really good job. And I think you'll be pleased with it.

**Linda Mecham:** Okay. Alrighty, thank you. Anything else. Larry I know annual report coming up in a couple months.

**Lawrence Allen:** Um, yeah, that for the year in. Yes, but that's not too. It won't be due for another few months after that. So you have plenty of time. But yeah. You're in and next month. So,

### **Health Plan Updates**

**Linda Mecham:** Alrighty, anybody have anything for Larry? Okay. United Healthcare I think Laurie logged off earlier.

**Lawrence Allen:** Thank you.

**Jeffrey Yamamoto:** She did.

**Linda Mecham:** Mercy care. Is she still on?

**Jeffrey Yamamoto:** Mercy care was never on.

**Linda Mecham:** Okay, and PRC, we don't have anybody from PRC. Jeffrey or James. Do you have anything for us?



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**James Maio:** I don't have any updates this time now.

**Linda Mecham:** Okay, Jeffrey.

**Women's Studies:** oh,

**Jeffrey Yamamoto:** I don't have any updates right now for you guys.

**Roundtable for next meeting**

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

**Women's Studies:** Well, actually, I want to ask James, I don't know, this is executive session or what at one time you were talking about. A.

**Women's Studies:** People had head injuries needing to go to the hospital on your call and APSs.

**James Maio:** Yes, they, yes. They've been pushing that. Our medical director and Dr. Peterson and Dr. Loki, I believe addressed a pad about the need for medical follow-up for members, who have head injuries, even even like relatively I don't want to say minor head injuries but anything that might end up with a closed head injury, like to make sure that they have medical follow-up and for bites, even if the bite doesn't break the skin and we've been going, we've been having a lot of feedback from vendors and those are being addressed by Dr. Decker Dr. Peterson and Dr. Loki individually as they come in,

**02:35:00**

**Linda Mecham:** Hey, James and Leah. Both. Oh I'm sorry. Go ahead Eva. I'm sorry. I didn't mean to Graham.

**Women's Studies:** I was with topics because I found something else in the closed, IRS that APS refused.

**James Maio:** If it's if it's specific, if it's specific then we should wait till the closed session.

**Linda Mecham:** And we need to make sure we stick to agenda here.

**Women's Studies:** oh,

**Linda Mecham:** I know we're talking to Ddd but Jeffrey, go ahead.

**Jeffrey Yamamoto:** Yes, you can go ahead and we are getting low on time. So I'd suggest going to your executive session,...

**Linda Mecham:** Yeah.

**Jeffrey Yamamoto:** Then we can go ahead and dismiss those people who have already been on the line.



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**Linda Mecham:** Okay, I'm just let me read this one thing I've been pushing the depakote, This is for DDD for like update. The Depakote ammonia toxicity testing and I got this text back. I've been saying it in PRC. I got this text message back The members saw her psychiatrist Today. The psychiatrist was asked about the ammonia toxicity test. He said they do not perform the test, she would need to be admitted to the hospital, to have it done, which is not correct. He went into his computer system to write a script for the procedure. It is not in there to do. He said PRC may need to order that test. Please. Pass on the information so I know Dr. Decker was very concerned about the ammonia toxicity levels. So and that is not a level one according to according to you, United Healthcare a Level One test.

**Linda Mecham:** I don't know exactly what she said, but anyway, so we just need to get the word out Leah.

**Leah Gibbs:** Linda is it at all possible? You could summarize what you've been told so we can put that in writing to Dr. Decker,...

**Linda Mecham:** I will I'll email this to...

**Leah Gibbs:** I'm sure he'd very interested.

**Linda Mecham:** Okay. All right and to Jeffrey. Okay. All right.

**Women's Studies:** Okay.

**Vote to go into Executive Session**

**Linda Mecham:** Do I have a motion to take us out of the Public meeting and go into executive.

**Women's Studies:** I'm making a motion. To go out.

**Linda Mecham:** Thank.

**Women's Studies:** It takes executive session.

**Linda Mecham:** Second.

**+1 602-\*\*\*-\*\*22:** I decided.

**Linda Mecham:** Everybody vote.

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

**Linda Mecham:** Okay. That's Debbie. Carolyn says, I

**Linda Mecham:** Who else is on? Eva.



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**Linda Mecham:** You're a mute. Eva I

**Jeffrey Yamamoto:** She didn't hear from me.

**Women's Studies:** I,

**Linda Mecham:** Okay, and I vote. All right. I so it's four and one. Not thank you. Five, we have five, right?

**Jeffrey Yamamoto:** Yes.

**Linda Mecham:** All right. Okay, thank you, Leah for being on. Appreciate all the help that you give us Larry, you can stay on, I believe. If you want.

**Lawrence Allen:** Okay.

**Linda Mecham:** Thank you.

**Linda Mecham:** Oh, I forgot to thank Joan. I'm sorry. And Frederica.

**Linda Mecham:** Okay.

**Jeffrey Yamamoto:** Let me switch off the recording.

**Adjournment from Executive Session and Public Meeting**

**Linda Mecham:** Okay, all righty. Well, you'll keep us more informed about that and we can make changes as it comes along. I just wondered. I was thinking about that. Okay. Do I have a motion? It's been a great meeting. Thank you, everybody. I appreciate all the time that you Put into this committee. I appreciate your efforts, your devotion and do. We have a motion to adjourn.

**Women's Studies:** Eva makes a motion to adjourn.

**Linda Mecham:** And the second.

**Curiosity Carolyn:** This is Carolyn, I make a second to adjourn.

The

**Linda Mecham:** All right. All in favor. I It's in the majority.

**Women's Studies:** Aye,

*The rest of the attending committee voted to adjourn the meeting*



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**Linda Mecham:** Let the record note that the majority voted Present “aye”. I thank you. Said enough. Is that good enough Jeffrey?

**Jeffrey Yamamoto:** it's good enough for

**Linda Mecham:** No. All right.

**Jeffrey Yamamoto:** No, that's good. We'll leave it.

**Linda Mecham:** Well I was listening to the hearings on the Senate hearings and they said Let's a record show And so I thought Hey, I can say that I don't have to have everybody if the Senate can do that.

**Women's Studies:** Okay. Can you send how to get to the minutes? Again, I saved it at one time and I lost how to get to the minutes, and it would be really helpful to find out how to read the minutes.

**Linda Mecham:** The recordings are awful, I read them.

**Women's Studies:** I know.

Meeting ended after 02:58:50 🙌

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

For March minutes IRs, the Committee members have been given April (682) incident reports in the Shared Drive. This included open and closed reports.

April

Type	Open	Closed
Accidental Injury	0	124
Consumer missing	1	6
Deaths	0	7
Emergency Measures	0	15
Human Rights	3	10
Legal	0	8
Medication Errors	2	55
Neglect	18	70
Other Abuse	12	37
Other-Behavior	0	187
Other -Injury unknown	0	111



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Physical Abuse	2	8
Property Damage	0	3
Suicide	0	3
<b>TOTALS</b>	<b>38</b>	<b>644</b>

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

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

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**Adjournment**

**Meeting adjourned at 1:06 PM**

The next District Central IOC meeting will be held on June 26th, 2023, at 10:00am in the same virtual format.