



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

Monday, June 26th, 2023 – 10:00 AM to 12:00 PM

Call to Order

Meeting called to order by Committee Chairperson, **Linda Mecham**. The date is June 26th, 2023, at 10:09AM. **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.

Welcome and Introductions

Attendance Virtually:

- **Linda Mecham - Chairperson**
- **Mandy Herman**
- **Eva Hamant**
- **Carolyn Willmer(listed as Curiosity Carolyn)**
- **Lisa Ehlenberger**

Attendance by Phone :

- **None**

Absent:

- **Tina Buettner (on Leave of Absence)**
- **Debbie Stapley**
- **Eduarda Yates**

Public in Attendance:

- **Lionel Delgado (attended by phone)-**13**

Health Plans:

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

ADOA and AHCCCS:

- **Larry Allen -ADOA**
- **Fredreaka Graham- AHCCCS(attended by phone)-**98**

DDD:

- **James Maio (DDD District Central Quality Improvement Manager) (attended by phone)-**66**
- **Michelle Rademacher (DDD IOC Liaison)**
- **Jeffrey Yamamoto (DDD IOC Liaison)**
- **Patricia Sandino (DDD PRC Chair DC)**



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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.

Attendees

+1 480-***-**17, +1 480-***-**98, +1 602-***-**66, +1 928-***-**13, Curiosity Carolyn, Dawn McReynolds UHC OIFA, Eva Hamant, Jeffrey Yamamoto, Lawrence Allen, Linda Mecham, Lisa Ehlenberger, Mandy Harman, Michelle Rademacher, Patricia Sandino

Transcript

Call to Order

Linda Mecham: There we go. Okay, good morning everybody. I hereby called the Order This regular meeting of the DES/DDD Central District, Independent, Oversight Committee. Today's date is June 26th 2023 and the time is 10:09AM. 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 are not speaking. The host of the meeting can mute you, but then, you can also unmute yourself when you would like to speak. You can mute or unmute 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 the conflict of interest and if there is the committee member needs to disclose why"

Welcome and Introductions

Linda Mecham: No one needs to disclose the conflict. Thank you. So we will now have introductions of those present in this meeting. My name is Linda Mecham. I am the chair of the District Central Independent Oversight Committee.

Linda Mecham: Carolyn.

Curiosity Carolyn: Okay, Carolyn Wilmer member of the Independent Oversight Committee.

Linda Mecham: Lisa.

Lisa Ehlenberger: Lisa Ehlenberger member of the Independent Oversight Committee.

Linda Mecham: Eva.



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Eva Hamant: It is Eva Hamant and not "woman study". And I am a member of IOC.

Linda Mecham: Mandy.

Mandy Harman: Mandy Harman IOC member.

Linda Mecham: Thank you. Let's see, Jeffrey. I'll let you do the rest.

Jeffrey Yamamoto: All right, let's go ahead and go to Larry.

Lawrence Allen: Larry Allen with ADOA.

Jeffrey Yamamoto: Thank you, Michelle.

Michelle Rademacher: Michelle Rademacher, DDD Independent Oversight Committee Liaison.

Jeffrey Yamamoto: And I'll introduce myself. I'm Jeffrey Yamamoto. I'm the DDD IOC liaison for Districts Central and East.

Jeffrey Yamamoto: Patricia.

Patricia Sandino: Patricia Sandino. The PRC chair at Central.

Jeffrey Yamamoto: All right. Thank you Frederica.

+1 480-*-***98:** Hi. This is Fredreka Graham with AHCCCS.

Jeffrey Yamamoto: Thank you. Dawn.

[Dawn McReynolds with United Healthcare OIFA Administrator](#)

Jeffrey Yamamoto: All right, James.

+1 602-*-***66:** This is James Maio on the phone.

Jeffrey Yamamoto: Okay, thank you. James. Vera.

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

Jeffrey Yamamoto: All right.

Jeffrey Yamamoto: I'm just second.

Jeffrey Yamamoto: Alrighty, did I miss anybody? That is currently on the call.

Jeffrey Yamamoto: All right.



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Jeffrey Yamamoto: Linda.

Linda Mecham: I'm not sure. I understood your text.

Jeffrey Yamamoto: So we got the welcome inductions and next call to the public. If you want to go ahead and read that statement.

Linda Mecham: I have a statement?

Jeffrey Yamamoto: It's on your cheat sheet

00:05:00

Call to Public

Linda Mecham: I don't know. Is it like What it? Okay, read. We will now have a "Call to the Public". It appears we do not have anyone. From the public, we do.

+1 928-*-***13:** Yes. Mr. Delgado,...

Linda Mecham: Who is this? I'm sorry.

+1 928-*-***13:** Northern Arizona. And support ADA compliance. I'd like to give my comment from the public input.

Linda Mecham: Mr. Delgado, let me just let you know that your time is limited to three minutes. And on what you have to say. We will not be able to discuss your comments because it's not on the agenda and we appreciate you being here. If you would, we appreciate you being here. So go ahead. your time starts now. Thank you.

+1 928-*-***13:** Okay, I want to make my public input as an advocate parent review. And human rights and committees. And on this, IOC.

+1 928-*-***13:** One thing I want to say today is that I'll be real quick. This is a time of season for camping for the clients throughout the state of Arizona for disabled. We have another problem, I think. Camp type call Williams Arizona call. Shelton, a nice fine organization. Did you find things? That only camping is a concern and some parents and manner. And I made an inquiry on the capacity, what they're doing, they're charging \$2,000 when it's summer but a hundred dollars spending fee saying, Wow, that's a lot of A hundred dollars on Monday, 400 dollars on Tuesday, 400 dollars on Wednesday up to two thousand. That ridiculous, and I don't think it's fair and on the other reason is because sometimes the DDD and William's campsite, they had a discussion. They don't want certain people, the ones who are behavior. Those ADH, group home setting. and the other one is called Care facility. They take Medicare can actually give to the other and it should be made available in life. Go to the area that was concern and I don't think it's fair. And they're about. Nine weeks, 10 weeks? And to run with my that amount, but they usually find out of respite care. and that was



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used elsewhere were parents were building place to get less to take that sometime back, but negotiated between a candidate agreed that could restrict them straight area because they believe in theory that their behaviors in the human being. I also mentioned in the real quick, a close up. What about nobody already disabled in the area of hearing impaired? and low, they can buy. We don't do that image manner. Only the idea I said, Yeah, but wait, they can do it. I know it's other cats. Do a light club do and Kiwanis Club to do what can't people wish to go. Let's hear the ten and unfortunately way out of range and I think they're directed to get some kind of medicine directly the correct that in here. we don't think it's fair. So I didn't want to make a comment for parents is going to do this kind of thing. That pay that much. Because it is using that format of that on that cause and I'll close up with it real quick. I know my three minutes in there up, so I just want to say in this format because I've reminded him. I'm okay. It's good. No other white spot that Bible for the civil rights completed. And I want to read on the remote location and the contract compliance. No other watch qualified handicap, individually, United States The second solely by reason of his or her hand, they can't be included from participating in and...

Linda Mecham: Thank you.

+1 928-*-***13:** be denied, the benefits of and subject of discrimination under any program activity machine. I'll close up that remark.

Linda Mecham: You thank you very much for being here and...

+1 928-*-***13:** I think the

Linda Mecham: for your concerns and as I said last month, that is District North. You might want to take that issue. Also up to District North their IOC meeting. so Eva...

00:10:00

Linda Mecham: if this comment is about if this no no, this

Eva Hamant: No, no, I wouldn't. I have to go off because I have to turn my mic up because I'm having trouble hearing him. And so, I just wanted to let Jeffrey know that I am going to go off and come back on after I turn up my mic.

Linda Mecham: Can you hear me, okay?

Eva Hamant: Yeah, I can hear you, okay, but I'm having trouble...

Linda Mecham: Okay.

Eva Hamant: because I need to turn up my speaker. on my computer and...

Linda Mecham: Okay.



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Eva Hamant: I can't do it while I'm in Google meet

Linda Mecham: All right.

Linda Mecham: Mr. Delgado, thank you for being here. You're welcome to stay the rest of the meeting, but we will not be able to acknowledge your comments or ask for comments from you. So thank you very much.

+1 928-*-***13:** Thank you for allow me to make my remarks

Linda Mecham: You bet.

+1 928-*-***13:** I just went up later on information for parents,...

Linda Mecham: Okay. All...

+1 928-*-***13:** Who knows that? and committed. That should be done.

Linda Mecham: Thank you.

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

Linda Mecham: Yes.

Eva Hamant: Hear me.

Recruitment of Possible Candidate

Linda Mecham: That's better for you. So we do not have any possible new members. However, Regarding membership. I visited with Eduarda this morning and They have found a little spot of cancer on her liver. And she and her husband are both. Needing to concentrate on themselves at this point. So Eduarda says that she will not be able to be on. IOC anymore. So we've lost Another old timer member from the beginning.

Linda Mecham: And then Jeffrey, our dear friend here. Do you want to tell us what you're doing, Jeffrey?

Jeffrey Yamamoto: I was going to just wait till the IOC updates but I can tell everybody now that I have accepted another job with the OIFA department and with DDD I will be the new Department of Child Safety Liaison for DDD. So previously before I came over to the IOC's, I was a case manager with DCS for a few years. So I have experience in both worlds and hopefully I can use my time here in OIFA to also help with the DCS side,

Linda Mecham: We know, you'll be great. And we've enjoyed having you with us. And I just want you to know you've really been a great support for me. As I've spent a huge learning curve for me to do this and you've been right there and I really do appreciate all your help and your little messages to stay on the agenda. So thank you, anyway.



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Linda Mecham: So that's what we have. So now we're down to Seven. And we need to find out we need to get Tina to Either attending or Not so. I'll give her a call. This afternoon and see what's going on with her. She had some pretty serious things going on in her family so we'll see where she's And Debbie is. Like I said, she's busy with Somebody else's grandkids today so she can't.

Concerns with Support Coordination

Linda Mecham: All right, she did have support coordination concerns. She visited with me a little bit. That's not Number five on our agenda. And what happened? And

Linda Mecham: Jeffrey or Michelle. Maybe one of you can take this back to Support coordination or I don't know, Barbara, Brent, all right. But what happened was the day of Amy's, her daughter's, PCSP meeting, 90 day meeting the support coordinator called her and said, Can we do this another day? because I have a 15 page spreadsheet I have to fill out on the computer in order to get my timesheets back in order. And get them turned in on time. And the computer just crashed. she said that and in order to get reimbursed for her gas, that was why she had to.

00:15:00

Linda Mecham: Get the timesheets in. So, She said that she gets reimbursed a hundred and sixty dollars and she spends about \$500 a month on gas. She's on the road all the time, trying to get all these meetings. And by the way can we Google meet tomorrow for Amy's PCSP? And so, Debbie's question is, what is happening with DDD as far as getting the Support Coordinators jobs filled, so that the case loads are not so large, especially with all the traveling that the support coordinators need to do and have they considered the increasing gas in order for reimbursement for the support coordinators. So those were her two issues and I don't know if anybody can answer any of that, but if you're able to, that would be nice.

Jeffrey Yamamoto: I don't believe that we can answer that since we're not directly related to support coordination. We can go ahead and present that over to support coordination through the OIFA channel. I don't think we can answer that directly.

Linda Mecham: Would we need to make a motion in order for that to happen?

Jeffrey Yamamoto: That would be entirely up to you if you wanted to make it an official 21 day or if you just wanted it as a query. to find out if DDD can make some adjustments or find out why But you're able to make a motion if you want.

Linda Mecham: Right. Eva, you have your hand raised.

Eva Hamant: Eva wanted to make a motion because I talked to my husband about this because I figured this is just public policy, and he mentioned to me that that reimbursement for gas is probably five years old. And so during the pandemic gas prices went up And so, the reimbursement rate hasn't gone up. And so Somehow or another, what we need to do is to make a motion. So I was thinking about Is there any ARPA



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monies left over that they can give support coordinator or more gas money or that are the fact that definitely DDD needs to submit into the budget for next year. An increase in gas prices or at least advocate with the legislatures to get more gas money because it has to be statewide. For the gas reimbursement.

Curiosity Carolyn: This is Carolyn, I just want to comment on that. I think maybe the first step is simply to find out what people are actually getting reimbursed for their mileage. Because my experience as a government employee is that I was getting plenty to cover my gas, the place where I lost money was car maintenance. so I'm a little doubtful that I would like to know if the mileage is really, not reimbursing her for gasoline costs. So I think just finding out what the reimbursement is and how that would be a first step.

Linda Mecham: Do I have a motion.

Eva Hamant: So why don't you make the motion? Then since yours is a little different I'll agree with that.

Curiosity Carolyn: Okay, so this is Carolyn Wilmer. I'm making a motion that the committee requests information on mileage reimbursement for DDD employees, how much are employees getting reimbursed? And what documentation do they have to submit for reimbursement?

Linda Mecham: Is there a second on that?

Eva Hamant: Eva seconds. so unless you wrote it down Carolyn Unless you wrote it down. I said, what are the employees getting reimbursed for gas? And what was the rest of it?

Curiosity Carolyn: And then I would say, and what documentation do they have to submit for reimbursement? in my experience, it's your mileage, you're actually submitting a document detailing where you went and when

00:20:00

Curiosity Carolyn: That determines your mileage. So I would just like to know that before we move forward.

Eva Hamant: So what do our employees getting? Monetary.

Curiosity Carolyn: What is the reimbursement rate?

Eva Hamant: Reimbursement rate. Okay, got it.

Curiosity Carolyn: Per mile travel,...

Eva Hamant: What are

Curiosity Carolyn: because that's usually how it's calculated. And what documentation is required? To be submitted for reimbursement.

Eva Hamant: Got it.



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Curiosity Carolyn: Just so we can understand how it actually works before we suggest changing it.

Eva Hamant: Okay, Eva's seconds.

Linda Mecham: Do we have a discussion? No discussion. I am wondering what about the hiring of support coordination? In addition to that? Because they are.

Eva Hamant: But that would be another one because technically somebody, somebody in one of our meetings talked about how they hired so many support coordinators and how Everything was wonderful.

Linda Mecham: right, I've heard that as well, however, when someone spending all this time in the car that she cannot Get her work done.

Eva Hamant: what plus the fact that there are A lot of more requirements in these new policies for support coordinating. For people who are AWOL. If they go to behavioral health and come out of the hospital after 72 hours, the support coordinator has to have a meeting. And so, it just seems like there's just and then the other thing is that. So, when they do the transition people, they have to do the employment. And I still have not figured out where they're doing their employment training at age 14. so all the stuff

Linda Mecham: Okay, that's another issue but it is.

Eva Hamant: No, but a lot of work.

Linda Mecham: The point is that support coordinators have a lot of work which is to do and their job description is increasing so would it not be beneficial to know if there are plans to hire more support coordination?

Curiosity Carolyn: So maybe we should ask information about. I'd like to know how many miles on average they're driving per day. That would give us an idea. And then perhaps as a separate motion, we ask for their current job description.

Linda Mecham: Okay.

Eva Hamant: I don't know if it's a job description or the fact that they might need more because of the increase of tasks required.

Linda Mecham: The responsibilities.

Curiosity Carolyn: That would be under the job description.

Motion for Vote(1)

Linda Mecham: It's not So here's the motion as I understand it.



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Linda Mecham: We would like to know what documents are needed. For the support coordination to submit in order to be reimbursed for their gas.

Linda Mecham: We would like to know what the reimbursement rate per mile is and how many miles per day. They are driving average.

Curiosity Carolyn: On average, yeah.

Linda Mecham: Those are the three points. All right. So that's the restatement of the motion.

Linda Mecham: Do I have a second on that restatement then?

Eva Hamant: Eva seconds.

Linda Mecham: And let's see. We'll take a verbal vote Eva.

Eva Hamant: I vote. Yes.

Linda Mecham: Carolyn. Mandy.

Curiosity Carolyn: Yes.

Mandy Harman: Yes.

Linda Mecham: Lisa.

Lisa Ehlenberger: Yes.

Linda Mecham: Okay, we have four in favor. Thank you. I don't vote unless it's okay. So that's what. All right, so that motion has passed and then with regards to support coordination,

Motion for Vote(2)

Curiosity Carolyn: so, this is Carolyn, I make a motion that we request the current Job description. Which should include all newly assigned duties. For these employees.

00:25:00

Linda Mecham: Do have a second.

Curiosity Carolyn: To the words, I want that, I want the job description. I want to be sure. It's up to date.

Linda Mecham: Right.



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Eva Hamant: but,

Linda Mecham: Eva.

Eva Hamant: I'll second up at the discussion should be because maybe some of these policies have not been implemented but the problem comes in, is up to date versus new policies being input in It the implemented. Maybe within the next six months. because the problem comes in, yeah,...

Linda Mecham: They

Eva Hamant: they're have a job description now, but maybe the age of the AWOL isn't done yet or whatever and so I guess some policies have not been implemented yet. When it goes by for the 21 days.

Linda Mecham: Hasn't been implemented. They can't tell us that yet. All they can do is tell us what has been implemented per the policies because policy that may all change. The issue is that they're trying to comply with AHCCCS on all of this stuff. So

Linda Mecham: Okay, so job description is important, but in order for the support coordinators to do their job and to do it, we need to have more so That would be a question. I think we would want to ask are there plans to hire more?

Curiosity Carolyn: And yeah, and so I would like to know what their caseload is as well.

Linda Mecham: The in reality caseload, not the

Curiosity Carolyn: Yes. Yes. Not be on paper. What are they actually doing cases?

Linda Mecham: So I will restate what we have are there any other comments? Regarding this. All right. so the main points of the motion are, please provide a current job description, including the newly designed duties per new,

Linda Mecham: Newly assigned duties per the new policies that have been implemented in order to comply with AHCCCS. What are the plans to hire more support coordinators and what is the actual caseload? For the support coordinators. Not what is the actual case load? And what is the on paper caseload? Okay.

Linda Mecham: Is that good? That's how we're going to do it. All right. Do I have a? Let's Eva. How do you vote?

Eva Hamant: Yes.

Linda Mecham: Carolyn. Lisa. Mandy.



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Curiosity Carolyn: Yes.

Lisa Ehlenberger: Yes.

Mandy Harman: Yes.

Linda Mecham: Thank All right. That has passed.

General Issues with IRs

Linda Mecham: Alrighty, so that was Debbie's issue with regards to support coordination. as you ladies were reading the incident reports, this past month were there, not specific general issues that we need to discuss in this meeting? No.

Linda Mecham: if you're talking Eva, you're on mute

Eva Hamant: I guess my issue with reading IRs is They answer the question for the particular Incident is. but, I have found. Human Rights Issues. because of neglect. there were health issues like with wound care or whatever or there was not enough food or whatever and I guess my issue is as an IOC member it is And this becomes back to support coordination about. Okay, do we?

00:30:00

Eva Hamant: We have talked to James about this, but it just seems like There's no way to find out. If things have improved for that member, I mean, it's like last night I read them because I'm leaving and one person was neglected and the same person showed up in other abuse. And yet. it seemed I mean they were different days but almost the same issues and my perception. They didn't show up in another IR that I thought was more serious, suicide and it's just seems like, Some of the ones that have the severe behavior. They just keep having behaviors and it was almost like, Okay, can we refer them to case management? Who is in charge of people, with behavioral issues, or are certain severe health issues? Or if they've missed three medical appointments, what are they called those when they have to go for? What?

Linda Mecham: Med Review.

Eva Hamant: So yeah, if they missed three med reviews. So it's just like And how are all these people that I know they're having staff issues Because of lack of being able to find people. And on the same token, it's impacting, the quality of life of the people that we serve and how do we find out that once they did the Substantiated, that the things actually improved with them or do they fall through the crack again before they get another IR. and I guess that's my issue with reading these things and getting the responses that I read.

Eva Hamant: And do we need to really send them in one place. They were talking about sentence in the SARS one, they talked about sending Questions someplace else.



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Linda Mecham: Sending what?

Eva Hamant: What set sending? So here it is. In quality care concerns. This is what it says. The division and contracted service providers? Who receives an IOC request for additional or unaltered documentation, supplemental information on investigation regarding an AHCCCS member shall submit the request to access by email to IOC inquiries at? AHCCCS.gov. So, is that what we're supposed to send? So, if I'm not happy with my answers in the IRs, when Jeffrey, send some of that, I'm supposed to send my comments to the IOC inquiries at AZ AHCCCS.

+1 602-*-**66:** Yeah, I mean, I would start by asking you if you have any questions about that to submit them to us first And then if you're not happy with the answers, then you can submit them to them.

Eva Hamant: The last ones it came, I had a whole list, I sent them to Jeffrey and Linda. And so, yeah, them, I'm sorry James it was mentally. I felt like I was stamping my feet. I was so mad and This time when I read them, I was nice.

+1 602-*-**66:** I don't want to get into specifics, unless you guys are in Executive.

Eva Hamant: I know I know I know but on the same token when they sent out the ones this month with the responses for May, I had a whole bunch of questions that I didn't feel like they got answered properly and I guess I just need And I guess that's what I'm bringing this up is, it's just the fact that

Linda Mecham: So you sent your concerns and I saw them, they went to Jeffrey and to me, so from there, Jeffrey, did you send them to James?

00:35:00

Jeffrey Yamamoto: I did not yet. Send them to James. If you wanted to do an official request for unredacted information that is on a different channel. But I needed to find out from what you wanted to do, as

Eva Hamant: No, I didn't need them. Unredacted, I just needed some more.

Linda Mecham: Information. You wanted to follow what you wanted,...

Eva Hamant: Quality It actually...

Linda Mecham: follow-up is what you want.

Eva Hamant: What I wanted to know is, did the quality of the life of this person improve after they did the substantiation? I mean that's my issue. It is.

Linda Mecham: Let me just ask this, so I think your question is, And I think I responded to your question . When we were talking about this, if we are not satisfied with or need more information, what is the process to get that? That's what you're asking. Correct.



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Eva Hamant: Yeah, because I thought it was supposed to, so I made a list, I had the number I thought of of the stuff and...

Linda Mecham: Right. Right.

Eva Hamant: I sent it to you and Jeffrey. And so I thought maybe it was going up the food chain,...

Linda Mecham: Right.

Eva Hamant: but I guess it didn't go up the food chain to get answered.

Linda Mecham: Lisa, you've got your hand raised.

Lisa Ehlenberger: And I just wanted to, I wonder if it's possible if we could be provided with a simple email or document, that gives us steps as to how we want to flag or First send a response to Linda and James email at this. If we don't have the information that we've requested.

Linda Mecham: Carolyn. You're on mute.

Curiosity Carolyn: Okay, can you hear me? Such a good discussion and I want a piggyback on to this in that I come from a case management background and in Head Start. Each child had a unique identifying number so I could use that unique, identifying number, and look up. All that information about that Child. I could review their complete records. Now when you review an incident report to me, part of the challenge is that you can only see what you're looking at. There's no way to cross reference and so it's fragmented. So you don't have a complete picture. Maybe this person has a medication error, maybe they have abuse and neglect, other incident reports but because you can't cross reference, that person's situation is not clear to you. That makes sense what I'm saying. Okay.

Linda Mecham: Yes, it does.

Linda Mecham: so, Let me see if I can. Wrap this up and explain what our concerns are. So we get the responses back from the incident report. we need further clarification. On the incident itself or we have additional questions regarding the individual. So what is the path for doing that? Because when we write our comments in the comment section, we know that they go to Jeffrey. He sends them over to QM. but when we have additional questions, they're not in that actual format. Jeffrey and James. they're not in the incident report drive that shared with me confidential files.

Jeffrey Yamamoto: That is correct.

Linda Mecham: So how do we ask for additional information, and I think that that's What all five of us would like to know, basically. So what are the steps for that?



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Jeffrey Yamamoto: So your steps were not just listing what questions you have, but a direction that needs to go. That's what I was waiting for...

Linda Mecham: Correct.

Jeffrey Yamamoto: because unless you tell me to send this up to James and Quality, It's just a statement. And it stays with you, As the chair.

Linda Mecham: I didn't know that,...I'm sorry.

Jeffrey Yamamoto: So, you need to kind of, You're the one that, you're the liaison for your committee so to speak.

00:40:00

Linda Mecham: Lovely.

Jeffrey Yamamoto: You're the spokesperson. so, Eva can directly email to me. But it needs to say from you, I would like this to be sent forward to James. I don't think that it's said that these are questions that we have that didn't get answered right.

Linda Mecham: That's exactly what it was.

Jeffrey Yamamoto: Yes, So I was waiting for a direction. Where did you want me to go with this because if you wanted to do it as completely unredacted, I need anything that you have That has to be done on a separate form. That request is for the IOC liaison to do, and then you fill out the form, presented to us. And then we can through legislative acts get you, those unredacted. Reports anything that we have available? If you just want to send it to James, I need to have that direction. Be noted that I would like to further if James in the Quality Improvement unit additionally, add more information, it would be appreciated. Okay, so I do bring up one other thing.

Linda Mecham: Perfect. Okay.

Jeffrey Yamamoto: This is what both Lisa and Carolyn were inquiring about is in the metadata reports that I send you every month. There is a top 30. Members. And a top 30 agencies. Report that will tell if you have what we would say, maybe a very high utilizer of incident reports, people who get a lot of incident reports. They will be In new order Top to bottom of the top 30. If that individual because you do have their first name is listed, you can see which ones. Were listed for that individual if they had three AWOL or if they had a suicide or three suicides, those would all be listed in that top 30. If they exceeded into that top 30 amount

Linda Mecham: I love that report.



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Jeffrey Yamamoto: At that point, then you would make a request to see. Maybe all of those redacted incidents in one spot so you can take a look. But that's how you mine the information from those metadata reports.

Linda Mecham: Perfect.

Eva Hamant: Eva has one question. I mean Quality. It is talking about you there's no trends or they had 13 trends out of 20 for behavioral issues And they are listed in the summary report. What I need is "What are you doing with those trends"? I mean, it's sort of like the head banging or the biting. You are following up on that, so if they didn't go to the hospital so that doesn't end up being in the IR. But are you still collecting that data? Or did the agencies get so mad at you that you stopped collecting data on that? So I had two questions. What are you doing with the trendings and what are you doing with the head thing and biting issues?

Linda Mecham: With the headbanging, what?

Eva Hamant: Biting. So if they bite the staff or they bite themselves? They're supposed to go to the hospital or they bang their head against the wall or fall on the floor and hit their head.

Linda Mecham: Okay, Patricia. I know that behavioral health has come out because we've talked about this in PRC. Would you like to explain to the committee about the biting and the head banging?

Patricia Sandino: so, when it comes to head banging or biting, that's self harm behavior. In some incidents. We do recommend as a team to the headbanging, of course, to wear a helmet and kind of that's a recommendation. We do recommend depending on how that leaves the individual hurting himself. And also for the biting. We recommend protocols: Are they monitoring the bites? Are they watching for MRSA and any type of infections? However, if the member is their own guardian, then that becomes a problem because there's no one to agree to the restriction. It would have to be agreed by the member themself.

00:45:00

Patricia Sandino: However, we do have a guardian, the guardian can go ahead and agree to those types of restrictions where one can get a helmet from the doctor. or, request Some form of monitoring from staff. However, most of the time, what we do see is that staff already the provider, has some similar things in place? so I guess that would be my explanation. It just depends.

Linda Mecham: Status question.

Eva Hamant: So, James, I can understand that, but it's James still collecting data about the headbanging, not going to the hospital.

Patricia Sandino: So normally, when they do have an incident, they do report it or they should report it right? James.



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+1 602-*-**66:** yes, and we are still following up on those and If they are not following up and getting medical attention for head injuries, including head, banging, and bite. We are still following up and considering them Neglect allegations. So yeah. The following up on.

Eva Hamant: What do you do with these trending things that when I read into the IRS and the follow-up, and they say, there were I can understand no trends. But what do you do with the ones that are 13 out of 20 trends and then you close it. So, What does that mean to me? When I'm reading that when I see that they trended 13 out of 20,

+1 602-*-**66:** So that means they're doing something about it. It depends on what it is. So all those actions are done by our quality management unit and it depends on what it is. So if something is elevated to behavioral health, if it's behavioral related, if you had to be sent to nursing because it's health-related, if it's sent back to the support coordination team, Or support additional support. Every trend has a different reaction. So, I can't say specifically what each one of those are, but if it's trended, it has a reaction.

Eva Hamant: Okay, so if they say behavior, where does that go?

+1 602-*-**66:** Most likely it would go to behavioral health if they're trending a behavioral health issue then it would be elevated to the behavioral health unit for support.

Eva Hamant: Okay.

+1 602-*-**66:** And then if it helped So if they've had seven hospitalizations then It would be elevated to health services to find out why they were being hospitalized so often and what do they need supports in to not be hospitalized or if they have been readmitted, six times, they would want to elevate the health services to find out. Why are they being admitted to the hospital? So many times? If it's related to Let's say medication administration errors. Then it might go to a meeting to be looked at by our pharmacist or by our medical director, to find out why they're getting it. So many med errors. Is it a training issue? Or, is it because they're having medication with the health plan or, does it need to be elevated to the health plan? It's different for every single type of trend based on the trend.

Eva Hamant: That makes me better when I see some of these things and they are trending. That means the DDDs actually doing something by elevating it so that might solve some of my problems when I read these. And what

Linda Mecham: We know how to move forward, I didn't realize that I needed to give Jeffrey instructions as to what to do. So now I will do that. And Jeffrey. Do I need to email you with regards to her latest questions and make it so it's a written request or can you just do it if I'm saying this verbally?

Linda Mecham: You're on mute.

Jeffrey Yamamoto: I can forward it to James. As is with the verbal here.



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DDD and the General Mental Health update

Linda Mecham: All right, Thank you very much. That's kind of the end of that conversation. This leads us. Sort of into agenda number eight, which is DDD in the General Mental Health update. And I just learned that term. I had a meeting with Carl Burik and Leah Gibbs last week, with regards to the ASH Incident reports. instead of saying SMI, because that is a diagnosis they're saying general mental health and then I was talking to another individual and apparently there's some I don't totally understand it. I'm in the process of learning this. It's a huge learning curve for me, with regards to this whole behavioral health issue.

00:50:00

Linda Mecham: So that's what general mental health is. It's referring to schizophrenia, bipolar, and SMI. It's the big umbrella for all mental health. But apparently since November, we have not been getting reports and I kind of wondered about this but I thought, we're getting the data, I wasn't quite sure what we were supposed to get. But we were not getting the incident reports from ASH. And apparently they were sending them to behavioral health. and quality was not getting it, right? Is that correct James? That's my understanding.

+1 602-*-**66:** That's correct.

Linda Mecham: And so now we will be getting them and So when you were talking about it being sent to, if we have a further question with regards to behavioral health, what is the communication between behavioral health and quality? and your unit? What is that communication? Does it come through the central office, or does it go to the districts? Or how does that work?

+1 602-*-**66:** So, I mean, It's an internal communication. Carl communicates with their department head but we also can communicate directly with the members of their team, just like we communicate here because PRC is a part of behavioral health. So I communicate directly with Patricia and so forth, but when we have elevation we normally elevate through the leaders of our teams.

Linda Mecham: so they could, but that communication process is now reopened, For between behavioral health and quality.

+1 602-*-**66:** Yeah, but Yeah, but for ASH there was an issue at one time that we used to get directly all their incident reports sent directly to us. And then they were sending them directly to behavioral health and behavioral health. Was not sending them down to us. But that was not their decision or anything like that. I mean, It was not intent.

Linda Mecham: Was just the way it was. Yeah.

+1 602-*-**66:** Yeah, the way it was. But now they're coming back directly to us again.

Linda Mecham: Okay. Thanks. Eva you're on mute.



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Eva Hamant: Since you brought up SARS, New policy.

Linda Mecham: Right away. Wait a minute. What SARs?

Eva Hamant: Seclusion and restraint. You mentioned,...

Linda Mecham: He wouldn't bring that up.

Eva Hamant: ASH. and so,

Linda Mecham: Only with regards to the incident reports and us getting them. We have to be real careful because we can get in trouble.

Eva Hamant: Yeah, but the thing of it is, Jeffrey mentioned that we get those reports on ASH. Right.

Linda Mecham: Keep it General.

Eva Hamant: So when we get those reports, those are reports on Seclusion and Restraints. Right.

Linda Mecham: That's one of them. Yes.

Eva Hamant: And so In 962, they talk about tracking and trending. and so,

Linda Mecham: Okay, we'll get with the policies when we go to policies, okay?

Eva Hamant: Okay, because I guess it's sort of because we were talking about IRs and reporting and all that other stuff and that ASH has to start doing that.

Linda Mecham: we'll,

Eva Hamant: It's Sort of mushy That new policy.

Linda Mecham: This is all a new gray area for all of us so you're correct but we'll get to 962 when we talk about policies, Because it sounds like being specific with that right,...

00:55:00

Eva Hamant: Okay.

Linda Mecham: I don't want to get off of the agenda. I have to be real careful with keeping us on track here. Or Otherwise get the text message from Jeffrey. You're not supposed to talk about that,

Eva Hamant: Okay.



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Linda Mecham: Anyway, all right. Let's see, so that was all I had in regards to just the communication and us being able to get The incident reports just as a heads up for all of you that we will be getting them once again. and then,

+1 602-*-**66:** Yes, and we did go back and review all of the incidents in between that were not sent to us to and did have them triaged to ensure there wasn't anything that needed to be elevated for the stuff that was not entered in. So they did go back and did review them. for that gap of time that we were not entering them into the system.

Linda Mecham: Okay.

+1 602-*-**66:** There was too many to go back and enter them but they did review them.

Update on the PCSP

Linda Mecham: Okay, thank you James. Okay, so going to Agenda Item. Number Seven. The update on the PCSP and I have brought up in these meetings, as well as statewide with regards to the current completion by support coordinators of the new PCSP format and consistently, we're missing the Responsible person contact information. That's not being filled out The member profile, which includes a history. Is not being filled out, they have current information in there, but they are not putting in the historical information that has always been included as we know in the previous ISPs. And then there are a few other things as well that are consistently missing in the documentation of this. and Patricia I think you'll go along with it as we've been saying this quite a bit. they're getting better at getting it completed but we did submit to Zane through Behavioral Health Because this is PRC. So we submitted through Behavioral Health Tuesday. Some PCSP Ps and behavior plans that reflected. What we are generally seeing in our meetings and so that is being looked at and discussed and hopefully by our statewide in next month. Zane will have a report for us with regards to that. So we do make a difference when we are able to. I'll let DDD know what's going on as far as what we are seeing. So I appreciate everybody that participates in PRC and hope that you will continue to do so. So, as well as reading the incident reports, excuse me, are there any questions on the PCSP?

Eva Hamant: We don't need any motion for that, right?

Linda Mecham: No, it's not. I'm just giving you an update on it. it's already in the works. Yeah.

New Policy Discussion

Linda Mecham: All right, we're at number nine. On our Agenda new policy discussion as all of you know last month, we spent quite a bit time of Reviewing all of these and I'm hoping that you took a look at what Carolyn and Eva both wrote. That and I sent it to Jeffrey, and Larry as well as the committee. We can't spend as much time as we spent last time on it. So The point is please review it. If you have comments or concerns be prepared to discuss them and if not, then we can just go to a motion and after reading them and say that we will present it to the policy unit for our concerns Eva, Yeah.



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Eva Hamant: I do money to make them motion for one of them, the Chapter 26. I could not find a clean copy. But I did find it in the 405. So one of them has to do with the vendor and one of them.

Linda Mecham: Which one are you referring to? of the ones that were sent out?

01:00:00

Eva Hamant: Chapter 26 and the 504 on the cultural comments. Competency Language Access Plan and family member center care. so, basically, what happens is, For the 405 They actually have the numbers so that when you make the motion, you can make the comment. so in in line item, 32 it says Medical, Medicaid, accountable, care organization and they said It's A C O M but in the policy they talked about A C O M which Carolyn had issues with

Eva Hamant: So the issue is 880C tag lines in both policies, they need to be defined And so, that would go into the policy and 405 line item 402. they moved the "shall" to, the "should" to "Shall" but in the Chapter One For the Adss. They did, they kept the "should", but I have no line item for that. So my thing was I was happy with everything else, but on the same token I thought maybe we need a motion so that they define what taglines are, None of us could figure out what tag lines were and that in both policies. They were not defined but in chapter 26, They should change the "should" to "shall", which is what they did and 405. If that makes sense, I'll have to make a motion but For discussion.

Linda Mecham: What was the line item on that?

Eva Hamant: The biggest problem is in Chapter 26 that needs to be changed, they're no line items. I couldn't find it anywhere.

Linda Mecham: Here's the.

Eva Hamant: I went to you where you sent me the thing,...

Linda Mecham: Okay. Yeah.

Eva Hamant: At all. I could find a line items for 405 and I could not find the line items for Chapter 26, but the issue so in Chapter in Policy 405 the line item is actually 402. But I don't know if it'd be the same line item. In Chapter 26. But you.

Linda Mecham: Even here's part of the problem. We don't know because they're trying to match up with AHCCCS language which matches up with CMS language. We can't change it if we don't know that that is what the AHCCCS language is. And so, what we need to know is What the AHCCCS language looks like. That DDD is matching up to, so maybe we should ask to also have the AHCCCS language or policy that DDD is compliant with because if we send in this information, they can't change it because we're talking the federal government here. So, we can't.



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Eva Hamant: It wasn't. So the only thing of it is, why would they change it in one policy and not the other policy?

Linda Mecham: Because maybe that's how it is in AHCCCS. That's all I'm saying and...

Eva Hamant: Is there and...

Linda Mecham: We don't know.

Eva Hamant: Is there a way to talk about getting taglines defined?

Linda Mecham: Yeah, we can ask that We can put all of this in. I'm just saying it may not happen because They made that may be the AHCCCS language. so, All right,...

Eva Hamant: Okay.

Linda Mecham: So the sheet that I sent out. And it starts with 54 group home requirements.

Linda Mecham: **Have** All of you read that, it's quality of care. It's the nutritional guidelines. Line 263. And then the questions, What is the immediate Jeopardy? Status Serious identified deficiencies Number two, IOC Request for additional or unaltered documentation, Supplemental information, or an investigation regarding an AHCCCS member shall submit the request to AHCCCS via email to IOC. Is this what we need to do for our answers? We got that answer from James.

01:05:00

Eva Hamant: I'm sorry, I missed what you were talking about. I thought you were talking about group homes. Are you talking about 962?

Linda Mecham: I'm reading the paper that you sent to me. With all of it there, it's 54 group homes. It's the 960 quality of care concerns 962 reporting and monitoring of seclusion and restraint and then the tagline's definition and the emergent dental and define apicoectomy. I'm looking at that sheet.

Eva Hamant: Okay, so the first one had to do with the tag lines. That's what I talked about. The texts are in Chapter 26.

Linda Mecham: Right.

Linda Mecham: Right.

Eva Hamant: Okay, so the one about the new with the group homes was the issue,...

Linda Mecham: Nutrition.



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Eva Hamant: The issue is in policy, 1240 they have the adequate for home delivery meals. that if for members who live in their group home, they get at least one third of the federal recommended daily allowance. in delivered food and...

Linda Mecham: Right.

Eva Hamant: Last month I said in the policy 54 For group homes line item, 263 they added That they have to have three days. But my thing is, if People in their own home gets nutritional meals. why don't they put into the 54 group home requirements that the members get to choose fruits, vegetables, proteins grains, and dairy, prove per choose my plate.go where the selection is based upon their age group,

Eva Hamant: So the federal guidelines I went looking at choosemyownplate.go, the nutritional guidelines and the federal guidelines choose my plate. And they're all based upon the person's age whether they're normal age, seniors or children. And so, it seems to me that if you live in your own home, you can get to maintain your health. You can have Nutritional Food. Why don't we also put into the new policy for the group homes that they also get nutritional food? Because this is an issue that I see in IR.

Linda Mecham: OK, We can put it in there.

Eva Hamant: So, we're gonna make a motion.

Linda Mecham: we're going to motion on this sheet, okay? When?

Eva Hamant: So the problem came in with James in the 962, the reporting of seclusion and restraint. just for If they call it, SARS. That's it. So in the report when they talk about incident reports, they talk about face to face monitoring and I want to know what face to face monitoring is. If they're using SARS that requires face to face monitoring, what is face-to-face monitoring?

Linda Mecham: Okay.

Eva Hamant: Because I guess I don't know if James can just do that because Quality Assurance has to try and use the SARS for all members, including members at the ASH And so what? Other question, I need to know from James. Is that? I'm sorry, Jeffrey but is that report that we get every quarter? Is that going to be the same thing as tracking and trending for the members at ASH?

01:10:00

Jeffrey Yamamoto: You get a monthly report. That just goes over the actual incidents. Whether it was seclusion or restraint and how long.

Eva Hamant: I know, so that's my quarterly report, but they're going to do it now.

Linda Mecham: It's monthly. It's monthly.



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Eva Hamant: That Monthly. so, every month,...

Linda Mecham: It's a monthly report.

Eva Hamant: When we do all these, we're going to get a full report now. And why?

Jeffrey Yamamoto: Yes.

Eva Hamant: And so, when they talk, Because James said, Trending, They said they were going to move it up the food chain. so, how are they going to move it up the food chain for those ASH members? Those are what you call trending when I read those SARS reports that we get every quarter. So to me, that is trending and I need to understand where ASH reports are trending to another level. Do they send it to AHCCCS then? I mean. it's just sort of, like or just one of these things that, So is this one of these things that we need to elevate it to AHCCCS to request? why they still are doing all that stuff month after months after month? and I did get an IR on one of them. And so I was wondering if, He said that they have to do. Patient Goals. so are they doing their habilitation? Are they doing any kind of behavior management before the SARS. At the state hospital. That is the issue with this quality assurance. That and I look at the new policy. where they track and trend, the use of SARS personally, I think

Linda Mecham: Eva. We just comment.

Eva Hamant: I mean, we are.

Linda Mecham: We need to just comment on the policy itself. we can't get into how it is going to happen? And the details like that, I don't understand what your issue is. if we have things to add to the policy or corrections, that's what this is about. We can't get into all the nitty gritty details like this and add some questions especially before I don't understand, I don't get it, Am I missing something here?

Eva Hamant: I guess I just needed what in reading the policy. I can't make comments on if I don't understand what it means face-to-face, Monitoring, And then the other thing of it is it is so.

Linda Mecham: Okay.

Eva Hamant: So after this policy goes into effect, then I can start asking the quality management of Tell me what it means to have trending. That's because they have to do a report on tracking and trending. Where,

Linda Mecham: What I mean? They're going to track and trend. I mean, we understand what track and trend means what's

Eva Hamant: The biggest thing of it is that the same thing that what they're doing now ours is going to be different. That's what I need. And James says they trend means Where are they going to bump it up to? I mean, I'm saying as if we're looking at ASH and we're looking at ASH and all this other stuff, It's Quality Assurance. when they talk about this quality management stuff,



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Eva Hamant: Where do we go? I lost it. So,

Linda Mecham: Mandy. You have your hand up, go ahead. Mandy.

Mandy Harman: Wouldn't you be able to add all of those questions and concerns into the public comments?

Linda Mecham: She's got here.

Eva Hamant: Now.

Linda Mecham: That's what she's got here, is her comments.

Mandy Harman: Yeah.

Linda Mecham: I'm wondering, I didn't want to have,...

Mandy Harman: but,

Linda Mecham: Where we get the answers today. These are just questions that hopefully, even if I'm understanding you correctly,...

Mandy Harman: Right.

Linda Mecham: These are the questions you want to have asked as a result of In these policies you want clarification for these things, correct.

Eva Hamant: No, I want to make motions for some of them but for the 960,...

Linda Mecham: We can't think about a policy that is not in.

Eva Hamant: You question.

Linda Mecham: We can't make a motion on this. The only what we're trying to do is to figure out what IOC District Centrals, public comments are going to be with regards to these policies. That's what we're trying to do here. and so, I took the comments that you sent to me, And put them in this format or you sent them like this. And I just wanted us to look at these comments and Do we agree with this or not? Are there more comments Than what you've sent because if you didn't send it to me, we can't review it all prior to the meeting and then vote on it. If we don't know at all, go ahead. Mandy.

Mandy Harman: That's what I'm saying, that's why I'm confused. Why do we always get stuck that? Because I read all of the comments and We haven't even gotten through the first two or whatever, so I'm just confused.



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Linda Mecham: Eva.

Eva Hamant: I don't know. I did not copy that sheet out of all the ones that here it is. The day treatment. And so I missed it so the problem. I don't have written it out.

Linda Mecham: Okay, let me read what you have sent, and then We can go from there, all right? So with regards to the 54 group home requirements versus 1240 F and then you put possible motion, the only motion we can make is whether we submit it to the policy for public comment. That's okay. All of this is going to be a possible motion. Not just the one. and so you are wondering if the group homes, Can use the nutritional guidelines For their guidelines for the homes. What's in the home, All...

Eva Hamant: Yes.

Linda Mecham: Okay, so that's 5., 960. What is immediate Serious identified deficiency. So you want a definition of immediate jeopardy status and serious identified deficiencies. Is that what you're asking there definition for?

Eva Hamant: Yeah. Yeah.

Linda Mecham: Number two, IOC request for additional or unaltered documentation, supplemental information, or an investigation regarding, and AHCCCS member shall submit the request to AHCCCS via email at IOC Inquiries at AZAHCCCS. Is this what we need to do for our answers? I don't think we need to put that in there James.

Eva Hamant: I don't know. That's right. I got angry with that.

Linda Mecham: Okay, 962 Reporting and Monitoring of seclusion and restraint SAR. How is the Quality tracking and The use of SAR for members at ASH. And how is that different from the quarterly reports we get now?

01:20:00

Eva Hamant: Yeah, that's what I want to know.

Linda Mecham: But that's not part of the written policy, that's methodology.

Eva Hamant: Yeah, that's in the new policy.

Linda Mecham: Read it. What does it say?

Eva Hamant: So the policy is when they talk about restraints and that means of personal mechanical or drugs used as a restraint. And as the following, the division shall require all interventions used during each incident of SARS to be documented in a single individual report, including all required components of each type of interventions used to manage the behavior. The division shall ensure the individual reports of SARS



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are linked to any connecting incident. Accident or death. Internal references are quality of care concern. Processes within the AHCCCS Quality portal as specified in the Medical policy 960, if the use of SARS requires face to face monitoring as outlined in AAC. R 9-21-204 which I have no idea means. A supplemental report shall be submitted as an attachment to each individual report. The division's quality assurance shall track and trend. SARS including members at the state hospital. And prepare a quarter report for the committee based on the data.

Linda Mecham: Stop... those are internal processes, okay? That's in turn how they track and print, that's their internal processes. The fact that they're going to be doing it, that's internal processes. Is that a change? Did you want to make a change? I mean you can't specify every little detail. That's an internal process. Is that correct? James am I saying that right? Or did we lose you?

+1 602-*-**66:** I really don't know if that's part of the policy or if it's a change because I can't see the policy. You guys get them earlier than we do.

Eva Hamant: so, I don't want to change it. I just want to know. Maybe after it's...

Linda Mecham: What tracking what it looks like. You want to know what that?

Eva Hamant: what does it mean to do face-to-face monitoring for members in ASH.

Eva Hamant: So according to this,...

Linda Mecham: Okay.

Eva Hamant: according to this, ASH has to come up with what kind of intervention they did before they stuck them into SARS. And then the internal thing is the tracking and trend And so, That sounds unkind, but I don't want to track and trend all SARs for members that live in group homes, but I am interested in ASH, because they are significantly...

Linda Mecham: I don't understand what your question is though, because they're going to do it.

Eva Hamant: I'll see to get that report.

Linda Mecham: What's your question regarding tracking? And we do get that report.

Eva Hamant: I think that report is not going to be the same as the tracking and trending.

Linda Mecham: Then we can ask for it.

Eva Hamant: That's what I want.

Linda Mecham: But that doesn't have to do with the policy, right?



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Eva Hamant: Other than the fact that I needed to know what face-to-face monitoring is.

Linda Mecham: Okay, that's another question though.

Eva Hamant: That's a question,...

Linda Mecham: That's, Yeah,...

Eva Hamant: That's the question.

Linda Mecham: That's another question.

Eva Hamant: Yeah, if my question was the tracking and trending going to be different from the report they send us quarterly now. That was my question because I didn't think that when they track and trend at ASH, that report is the same one that they're sending us. And I wanted to make sure that when they track and trend that the report that they use is the same one that they're sending us.

Linda Mecham: All right.

Eva Hamant: That's the question.

01:25:00

Linda Mecham: All right, I wrote that down. IOC Would like to see the track and trend report, right? Okay.

Eva Hamant: And if it's yeah,

Linda Mecham: Okay, and then what is the definition of face-to-face monitoring right? Okay. And

Eva Hamant: Yep.

Linda Mecham: what is AAC R9-21-204 if IOC determines that SAR has been used in violation of any applicable law or rule. That simple, right? That's,...

Eva Hamant: Say that again.

Linda Mecham: That's pretty simple. That's an easy to understand, Okay,...

Eva Hamant: Yeah.

Linda Mecham: All And then we want a definition of the taglines.

Linda Mecham: I thought we did the emergent dental. We did not define Apicoectomy though on 310.

Eva Hamant: Okay, look that up. Yeah.



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Linda Mecham: I looked it up for All right, so we don't need an emergent dental, We already took care of that one and defined Apicoectomy on 310. Correct. That's yours.

Eva Hamant: Yeah, and then the other thing was in the chapter 26, why is the comment in 402 different than then the statement in 405. So, why did they put "should" in the chapter 26, as opposed to policy 405 when it is "shall"? And you said it was because of AHCCCS. and why that's the question beside is defining taglines. 405. Line item abc. Y and 402. That comment is not the same And Chapter 26.

Linda Mecham: All right, all right. Yes.

Jeffrey Yamamoto: Hey, Linda. I don't want to extend this any longer, but I have a couple of quick questions for Eva. For one,...

Eva Hamant: Yeah.

Jeffrey Yamamoto: those two. Does not look like either of them got changed. So, it was just actually what was in there before? And yes, I can see that it's the same language except for the words "shall" and "should".

Eva Hamant: Yeah.

Jeffrey Yamamoto: I don't think they were changed at all. I think that's how they were.

Eva Hamant: No, no, it was "shall" before because when Carolyn read the report and I looked at it that's why when I went back into the actual listing where they had the numbers on the side, I was surprised to find out in 405 that they changed the shall, the "should" to "shall" in the one but not in the chapter 26 and the one which. I could not find Chapter 26 that had the policy, the information on the side High and low for it...

Jeffrey Yamamoto: The mark-ups.

Eva Hamant: low part, like I'm not find it.

Jeffrey Yamamoto: There doesn't seem to be a mark-up one.

Eva Hamant: But, no, but the 405 had the mark-up and I was surprised that the line item 402 had the "should" change the "shall" so, that's...

Jeffrey Yamamoto: So they're just being an oversight there.

Eva Hamant: why I was

Jeffrey Yamamoto: I do want to go back to your 962.

Eva Hamant: Yeah.



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Jeffrey Yamamoto: When you're saying ASH. Is doing this. I'm reading through the markup and there's not a single reference to Ash being recorded anywhere that I can see. This is a DDD policy. This is not ASH.

Eva Hamant: Let me see where it was for five. So, I will have to go back and look, but What did I miss it? there are ones that DDD policies that do mention ASH, because the case management, 1021,

Jeffrey Yamamoto: But the 962 report I am reading on early, does not contain the word ASH that I have seen as AHCCCS and it has the other acronym, which is the ADSS. but I do not see anywhere where it says Arizona State Hospital or ASH I'm going to

01:30:00

Eva Hamant: I'll go back and read it. This was the original one that they sent us in the early notification and it talked about including members at the Arizona State Hospital.

Linda Mecham: Guys, can I make a suggestion here? I mean I was the one that pushed for us to get legislatively for us to get these notices DDAC does 30 days before it goes out for public review, the purpose of it was and I was referring in particular to neglect. The curriculum that came out for the abuse and neglect, where it was all that sexual. It was egregious for the members to bc for some of the members, not all of them, but it certainly wasn't appropriate for all DDD members and the way it got rolled out was inappropriate. We discussed that for several meetings here in the IOC. And so the purpose of us reviewing, this is to really look for egregious things like that like rights violations. That's our role. And so I would prefer given the short length of time that we have. That for these meetings, that we look at these policies with regards to a rights issue. What the IOC and defense of Article 9 is supposed to be doing and if you have individual concerns with regards to language, Or that sort of thing.

Linda Mecham: Go ahead on your own and submit that but as an IOC we really need to be looking at it from a rights perspective and Article 9 perspective. Since that is what we are task with. And I think we're getting weighed down in some of these language issues and I appreciate the time that all of you put I read the policies. I look at it for rights violations Only. I don't look at it for clarification with regards to inconsistencies. I just look From an Article 9 perspective. And if I see anything that's waving a flag at me then that's when I would bring it forward to this committee. So I don't know how the rest of you feel about this but I wonder if you all feel that way and if you would be willing to go along with that train of thought, with regards to our discussions with the policies, Any comments?

Mandy Harman: I would agree with that. Because it seems like we spend a lot of time on stuff. It's important but it's not important to have our essential function. IOC as a group.

Linda Mecham: Carolyn, do you have any comments? You're on mute.

Curiosity Carolyn: Okay, so I'm trying to process this and Yeah, I mean I think I can see where you're coming from and wanting just to address the right. I'm kind of questioning where that boundary is in terms of the rights. for example, with the cultural and family, for example, policy 405 Cultural competency language



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AHCCCS plan, the way the policy is written. It requires someone who is a legitimate translator. and I can't remember the exact term that they use, but it doesn't say anything about that person being a certified translator in the family's language. So, there's a difference between those two, I could be a perfectly certified translator in Russian but that isn't going to help the family to speak Spanish. So that's an example of where, it's not directly right issue but it's kind of indirectly a rights issue and

01:35:00

Curiosity Carolyn: So I don't know, I'm really kind of on the fence about it but I agree we're taking way too much time in here and I think it's really important that when we bring stuff to the committee that we're really clear. What is the question that we're asking? And then if there's a next step needed, we need to be really clear up front at the meeting. What action are we asking to be taken? What action do we want to be taken?

Linda Mecham: Eva have any comments?

Eva Hamant: I agree with Carolyn because she did bring up the things with the cultural things. I went looking at them and I also did the dental stuff. And we all got that sort of clarified or whatever. and so, I feel like, want you to know I don't know. I guess we all got eight new early policies and I went checking through them and it was like, I don't need to deal with any of these. So I think out of all those ones that we did, it was important for us to bring, Issues up that impacted the members, whether they were our rights, what you perceived as the rights violation or not. And so I was happy that Carolyn had brought ones up and looked at them and I can feel comfortable with them or I could agree with the Taglines and the other things. So, And if we as a committee don't do it. I'll go make my own comments on the policy as an IOC member whatever. But I feel like it's important to actually Bring it to the committee.

Curiosity Carolyn: So I think, for me, I tend to be a little overzealous with the wordsmithing for clarity, so that's something that I can individually submit but I think to me, quality of care is really important and maybe this committee is not the right place to address that, maybe we do need to address that individually. But to me, that is really important. and I kind of hate to take it out of the committee, but we need to find a way to do this more effectively, if we're going to do it in committee or we need to take it out of committee and just focus on the human rights violations.

Eva Hamant: Or make a subcommittee. For dealing with policies.

Linda Mecham: And Jeffrey, subcommittees just have to be less than quorum correct.

Jeffrey Yamamoto: That is correct.

Linda Mecham: So, it could be three. All right, Lisa, do you have any comments regarding this?

Linda Mecham: You are on mute, if you're speaking, there you are, no comments. Okay.

Linda Mecham: All right, where are we with this?



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Curiosity Carolyn: Maybe we just need to discuss this further. Maybe we need to give it some thought and discuss it further at the next meeting.

Lisa Ehlenberger: and I do agree in regards to possibly having a subcommittee for the processes etc and focusing on the human rights in this particular committee. I think that that would really help to be more efficient with our meeting time and focus.

Linda Mecham: Okay, so we're in agreement with that. It seems that way.

Curiosity Carolyn: And then we'll do it if we can't get a subcommittee. Maybe, I will focus on health stuff because that's my background. I look at other stuff too, but maybe say We can't get a subcommittee together, we can't find a mutual time to meet or whatever. So maybe we say in that case I'm gonna submit my comments as an individual Not as a representative of the committee.

Linda Mecham: And then if you find something that is really egregious like the curriculum or the nutrition and quality of care is the right violation. I mean, if they can't have a quality of quality life, I mean that's article 9 protects quality of care. I mean you call it quality of care but it's a good life, it's just How we would want to be treated? how do you want to move forward with these particular ones that I sent to all of you?

01:40:00

Curiosity Carolyn: Are you talking about the paper that Eva sent or the one that I sent out?

Linda Mecham: Both yours and Eva's.

Curiosity Carolyn: Yes, so for the one that I sent out what I would like is clarification on Who the target audiences are for? The front versions of the policies because I've got a stack of paper I don't know if you guys can see this. That's not...

Linda Mecham: Most.

Curiosity Carolyn: But in most of the policies there's one that's missing but that's the stuff that I need to read through for these policies and I want to understand who the target audience is when it's the policies labeled Medical Policy Manual for Administrative Services subcontractors versus the division medical manual. And I want to understand who is administrative services subcontractors, that kind of thing.

Linda Mecham: Okay, so this is what I would like to do. We'll make a motion and Eva you include what you want in your motion and we'll vote on Carolyn you and quote include what you would like to have in your motion, then I want both of you or whoever to write it up for me so that I can then send it. On or you can. I have to send some chair. If we're representing the committee, but if you want and if there are other things in the comments that you have sent me that you would like to submit individually, then, you're free to do that, of course. But it's really difficult for me to go back and try to figure out the wording for these motions and...

Curiosity Carolyn: Right.



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Linda Mecham: exactly what it is. You guys would like to have said,

Linda Mecham: When we've had these discussions, it's difficult for me to Cut through the noise and get to the point in order to make it succinct.

Curiosity Carolyn: And I think that's a great idea that the person who made the motion should be the person responsible for writing it up. Logical readable by other people.

Linda Mecham: And what it will be reflected in our minutes because it has to be there in the minutes. what it is...

Curiosity Carolyn: Yes.

Linda Mecham: But then, Send it to me. I mean it's not like I don't have enough to do right anyway.

Curiosity Carolyn: Yes.

Linda Mecham: I mean we all Our committee is small and there's a lot to do District Central is big. All right. So Carolyn Tell us what your motion is.

Curiosity Carolyn: So, My motion is. My motion is that in May DDD sent out. Policies with the same policy title. But different target audiences listed and I would like clarification on. What? The differences are between these policies in terms of target audience, who will be reading and following these policies. And I can word-smith that to make a little bit more.

Linda Mecham: But the bottom line is who are the target audiences for?

Curiosity Carolyn: Look, yes. What your two policies and who are the Yes,...

Linda Mecham: What are the two policies? What are they?

Curiosity Carolyn: why are two versions of one policy and who are the target audiences? Maybe that's

Linda Mecham: What is the policy number?

Curiosity Carolyn: one's listed on the sheet so it's 961 1021, 320z 960 and 962.

Linda Mecham: Who are the target audiences for all of these? Okay.

Curiosity Carolyn: And I'll type it up for you.

Linda Mecham: Thank you. Do I have a second on that?

Linda Mecham: Thank you, All right. Eva, how do you vote?



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Linda Mecham: You're on mute.

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Eva Hamant: No.

Linda Mecham: You vote "No" on it.

Linda Mecham: okay, Carolyn

Curiosity Carolyn: I'm not sure why you're voting "no" on this Eva because what I want to understand is for example, why are there two different versions of 961 incident, accident and death reporting?

Eva Hamant: I'm voting. No, because last month they said that the ADSS was for vendors and the other policy was for the medical one was for DDD. so,

Curiosity Carolyn: Okay, is this something where I can ask privately for clarification from DDD Linda Okay.

Linda Mecham: Sure.

Eva Hamant: What you call for? Just because I voted. No, I mean, it's All you had, you don't have to a quorum. Have a policy to be implemented. So just because I voted no, just not mean the rest of them can't vote. and the motion can be sent. It does not have to be a full quorum to be said.

Linda Mecham: Yes, it does.

Eva Hamant: Jeffrey.

Jeffrey Yamamoto: I'm gonna leave that to Larry.

Linda Mecham: It does have to be a full quorum. If we're going to vote on something and represent IOC, it has to be five of the votes. Because we have eight members.

Eva Hamant: Okay, so yes.

Mandy Harman: What?

Linda Mecham: It's okay. If you don't want to I mean Carolyn can handle this on our own.

Curiosity Carolyn: My concern is that? For example for 961, you've got one document is, they're both 14 pages, but they're different. So anytime you're creating two policies, you're doubling the amount of stuff you have to review, you're increasing the likelihood of things not matching up of having differences in language. Great, I think it can create confusion. Now when I was writing long complicated policies, what I would actually do is I would write, As for example, I wrote this very long, very complicated policy on a protocol. We had in HeadStart and for everyone. There's a specific portion of the policy that was for the social workers.



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There was a specific portion of the policy that was for directors. So that we had a really one cohesive policy and you knew which sections to read depending on your role in the process. so, from

Eva Hamant: And the reason why I voted “no” is because The prime example was your issue with the chapter 26 and 401 because they're labeled the same, but they're different. And what happened is, And Chapter 26 which is for the vendors, they defined all your Translators and they mentioned what the individuals had to do so that when they came down to 401 they did not repeat that information about all that other stuff. They just put in how they were going to implement it because the people were already defined in Chapter 26. and so,

Curiosity Carolyn: Okay.

Linda Mecham: Okay.

Eva Hamant: And so it's part of what you were worried about the language. And so there was The fine print was. they had to translate in the person's thing, even though it isn't mentioned what their qualifications because that was in 26, but on the same token, Spanish English and Navajo were not covered under the stuff because they considered that none prevalent. Language. So if you smoke any of those three languages, they didn't cover that service. And so that's why they were really careful and another part of the policy that they didn't mention. the prevalent language because the prevalent language could not be mentioned because down here, they excluded it from being covered. in being paid for so,

01:50:00

Eva Hamant: In that particular policy, I could understand why there were two different policies, one for vendors, and one for, and it's the same thing for the rest of it. You

Linda Mecham: Okay, Eva I get it. So I am going to just say it as fair. If you want to submit these. and we don't have consensus here. Let's Carolyn, you submit your comments, Eva you submit your comments we will next month discuss having a Subcommittee, you guys will be capable of getting together during the month and Be thinking about, if you would like to be on this committee and determine as a subcommittee, What you feel needs to be brought forward and what can be given?

Linda Mecham: Individually. All right. We'll do that next month. So, all right.

Curiosity Carolyn: Okay.

Linda Mecham: Thank We're moving on. I appreciate everybody hanging on with us. Through this discussion. It's not what I wanted to have happen, but it did but hopefully we're getting there. All right.

Updates from Agencies

Linda Mecham: Number 10. Any updates from everyone? DDD.



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Jeffrey Yamamoto: So, I'll go ahead and start since Leah's not here. Wanted to let you guys know that. Yes, July 7th of next month, will be my last day as the IOC liaison. Michelle Rademacher who's on this call right now will be taking over for your committee. I trust her implicitly and she will still have contact with me in case there are questions that come up. from a historical standpoint that she needs to be filled in on. On July 6th. The day before will be the DDD town hall. That is available on the first Thursday of every month. And that's it for me.

Linda Mecham: Okay.

Jeffrey Yamamoto: Linda. Go ahead and I'll just call out. Patricia. Did you have anything for DDD?

Patricia Sandino: No, I do. Thank you.

Jeffrey Yamamoto: James, do you have any updates?

+1 602-*-**66:** No, just let people I do have a new investigator started today. And other than that, I have another new nurse investigator starting on the 10th, that will fill out my staffing. So we won't have any vacancies. Other than that, I don't really have any other updates.

Jeffrey Yamamoto: Michelle, do you want to address your soon to be new committee?

Michelle Rademacher: Yes. Hi guys. I have been in this role. For a year now. I've been the IOC liaison for the District West Committee. It is very very similar to your committee as in your drive and your intensity for the work you do. So I feel like I would be able to meet your needs, just reach out to me. I'm available by phone, email, text, and chat. I did want to also let you guys know that DDD has IOC business cards. If you want to use them for recruitment, We also have a trifold pamphlet on general information for independent, oversight committees. I am available to mail those to you if you wanted me to send them out if anybody wanted any for use in recruiting,

Linda Mecham: I do this. Thank you. Thanks.

Michelle Rademacher: Okay, I certainly will. And I'll put my email in the chat, but anybody that wants to reach out to me afterwards, feel like that, they would like Some of those documents used and recruiting, just let me know. and then, I also did some looking, while the committee discussions were going on. I do have information for you. I found it while this meeting was ongoing on the mileage expenses. and what that reimbursement rate is, I pulled up the most recent and most current spreadsheet that DDD or DES employees are using to request mileage reimbursement, when they're on official state business and that mileage reimbursement, It's point six. Two five. So it's you round it up. It's 63 cents. A mile.

01:55:00

Michelle Rademacher: And each travel expense is expected to be input and submit it to the travel claim units, But the unit by the close of the month, preceding afterwards, the travel that was done. So, say



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somebody's getting ready to submit their June travel and say their travel date was June 1st. Then they would need to have that submitted to be considered timely by the end of July.

Linda Mecham: So with regards to that, pardon me for interrupting you Michelle. But with regards to that, trying to get timesheets done in the middle of the month, was not an issue. Correct.

Michelle Rademacher: This sounds like a very individual experience with one support coordinator. Yes.

Linda Mecham: Okay, thank you.

Michelle Rademacher: And that's pretty much all I had. Yeah.

Linda Mecham: Thank you for that.

Eva Hamant: 63 cents per mile.

Linda Mecham: Per mile 63.

Michelle Rademacher: Yes. Yes, 63 cents and that is an increase in 2019. What I found is it was 44 and a half cents a mile, so 63 cents a mile is an increase from what the previous rate was.

Linda Mecham: Okay. Thank you.

Jeffrey Yamamoto: Thank...

Michelle Rademacher: Yeah.

Jeffrey Yamamoto: Michelle. Let's run over to the health plans, if there's anything from, start with Dawn.

Dawn McReynolds UHC OIFA: Hi everybody. I wanted to update. I've been updating all of the DD iocs with some of our structure to help support any type of support or guidance needed by Unitedhealthcare. So we have a team of 15 advocates and liaisons within United Healthcare, it's comprised of DDD Liaison's, a tribal liaison veteran member Advocate, the Office of Individual and Family Affairs, which is comprised of an adult, and child, member liaison and many others. And I guess, the reason I wanted to update all of the IOC's is, if there are particular questions or concerns with regard to United Healthcare, please do not hesitate to reach out to Michelle. She's our conduit that feeds us any of the questions or concerns that IOC member may have and works with us closely. And also I wanted all of you to also know that the OIFA offices at each of the health plans work very closely with Lisa Gibbs and the OIFA office within the DDD and so I just wanted to make that announcement. I know I don't often have a lot of announcements, but if there's anything that you request or need more information about, please go ahead and reach out to Michelle. She will make sure that she works with me to get that information needed and I hope that helps. Thank you, everyone.

Linda Mecham: I do have a question for you Dawn. As I mentioned earlier, I was in a meeting with Leah regarding the ASH reports. Regarding the ASH reports. And one question that came up is what are the health



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plans doing? Who is pretty broad to work with DDD as well as in. Coordinating. The behavioral health and the General Mental Health umbrella. What an incorporated and...

Linda Mecham: Is that making sense?

Dawn McReynolds UHC OIFA: Yes it is. I got to Linda. So what I'll do is because it's easiest for me and I'm not trying to make more work for you. If I'm gonna write down the question and I'll include Michelle and yourself in an email to make sure that I have exactly what you're looking for. And then our process within the health plan is to escalate so that our leaders can provide you with the most appropriate answer. Is that okay? I'll get that. Okay?

02:00:00

Linda Mecham: It's fine. And I feel bad because I wrote the question down exactly the way it came up in the meeting and now I can't find where I put it. so that'll be fine. Yeah.

Dawn McReynolds UHC OIFA: would it be better maybe if you have time you find it and then email me and Michelle and then we have the exact wording Okay,...

Linda Mecham: Sure. And Jeffrey and...

Dawn McReynolds UHC OIFA: that would be great then.

Linda Mecham: Jeffrey. He's still on. Yeah, we got my boy there, right.

Jeffrey Yamamoto: And Vera. Did you have any comments?

+1 480-*-**17:** I have no updates from Mercy care.

Jeffrey Yamamoto: Right. Thank you.

Linda Mecham: Okay, and Can I send you the same question because it's regarding the health plans and mercy care clearly is one of the health plans, so

+1 480-*-**17:** Yeah, sure that's fine. Send me the question as well and...

Linda Mecham: Okay.

+1 480-*-**17:** I'll look into getting a response for you.

Linda Mecham: All I'll send it to Jeffrey and Michelle and they will forward it on to both of you because I don't know that I have your email addresses. That'll be fine. That's fine with me. So that's fine. All right. Go ahead, Jeffrey. Sorry.

Jeffrey Yamamoto: all right, and then finally, Larry



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Lawrence Allen: good morning, Linda the only or...

Linda Mecham: Good morning.

Lawrence Allen: Good afternoon. The only update I have for the group would be the open meeting law training. We had earlier this month, the slides and the audio of the presentation or posted on the website. If you need that link sent out to the group, I'd be happy to do that. other than that, I really do not have any other updates. Are there any questions that I might answer for you?

Linda Mecham: no, what does Eduardo need to do officially to resign from the committee. Okay.

Lawrence Allen: No, her having that discussion with you is perfectly fine. That's fine,...

Linda Mecham: Okay, all right.

Jeffrey Yamamoto: That should take care of everybody.

Linda Mecham: James. Is he on still or no?

Jeffrey Yamamoto: He did not have any comments earlier.

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

+1 602-*-**66:** I'm still on the line

Roundtable for Agenda Items

Linda Mecham: OK next is Round Table for Next Agenda. so we will discuss the subcommittee with regards to policy. That you guys would like to see on the agenda for next time.

Eva Hamant: But I'd like to yes. Yes, that was the other thing.

Linda Mecham: Okay.

Eva Hamant: The SARs, the seclusion and restraint for ASH members. I know and the other one I wanted to talk about was the fact that Members that are two to one. Can I go to the day programs?

Linda Mecham: Still?

Eva Hamant: I don't know. Can they go? I guess that's the question.

Linda Mecham: I think it depends on the agency.

Lisa Ehlenberger: I know I'm just in regards to that, maybe this is something that could go on the agenda as well. I've been attempting to help some families with Day Program and I know that everyone is saying they're



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at capacity. There's a shortage of Employees that are qualified employees to work in day programs. I don't know. How this might be put on an agenda, but it's something that's definitely concerning. And I've seen many soon to be transitioning from high school to adult programs where they have nowhere to go. but I'm not sure where that would fall on the agenda or how we can, it's really part of this committee.

02:05:00

Mandy Harman: Linda. I know for me, that's a concern , because none of my roommates have been able to go Day Programs since COVID happened because they don't have Appropriate programs. They can't meet their needs for one-on-one.

Linda Mecham: So Jeffrey, Michelle can you guys look into having somebody come to speak to us to that point for next month regarding the DTAs? And the Lisa's, Enhanced Ratios.

Lisa Ehlenberger: Yes, they can be but even without I know that some day programs and some agencies are having difficulty, just fulfilling the regular ratios. I know that that's been a big concern.

Linda Mecham: Okay.

Linda Mecham: So shortage of DTAs slots basically, right? Okay.

Lisa Ehlenberger: A high shortage.

Mandy Harman: And shortage of staff. And do what needs to be done?

Linda Mecham: It's interesting because I was talking to a friend of mine that works at Mark's DTA. He would still be home and he was one to one. So, Interesting, even though a staff member was still there, they were using him for a four to one, or whatever that ratio is, okay. Anything else?

Eva Hamant: **This is** Eva so when we talk about the group homes, we should talk about the new group home requirements. About being inclusive and How do you do is going to track How group homes are going to implement those new policies. that mirror AHCCCS and CMS requirements.

Lisa Ehlenberger: I think that's a great point Thanks for bringing that up.

Linda Mecham: So Olson, I'll send both of you and Michelle Jeffrey an email with regards to this so that maybe you can find someone to come and speak to these two points.

Jeffrey Yamamoto: Yeah.

Linda Mecham: Alrighty, anything else for next month?

Linda Mecham: And do we need to go into Executive?



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Mandy Harman: Linda, I have a question. So I've been reading the incident reports, but a lot of them I don't have any questions or comments and I forgot what we're supposed to say. I've read them but I forgot to mark them, how am I supposed to do that? I don't remember because then forever.

Linda Mecham: So I can tell you but Jeffrey, do you want to go ahead or Just go up in the message with the little caption, right?

Jeffrey Yamamoto: Yeah. Mandy, I will forward you the directions to how to do that. Okay.

Mandy Harman: Thank you so much.

Lisa Ehlenberger: Could you forward it to me as well? Jeff.

Jeffrey Yamamoto: Lisa and Mandy if you have questions. I'm sure Linda, the professional, will be able to help you, she's helped out Debbie. And then I will also c/c Michelle. So if you had any other comments also with that she can also respond.

Linda Mecham: And that was difficult. You guys. Seriously, right? Jeffrey.

Mandy Harman: I just didn't mark them as read because I forgot.

Jeffrey Yamamoto: Okay.

Linda Mecham: Just go up in that little, where you would make a comment. It's a little,...

Mandy Harman: Yeah, yes. Yeah. Yeah.

Linda Mecham: it looks like a little talking box on cartoons, click on that and just underline the IR number and just write and see for no comment. Right. Jeffrey. Yeah.

Mandy Harman: Okay.

Jeffrey Yamamoto: That is correct.

Mandy Harman: Okay, so I'll go back through. You guys.

Linda Mecham: That's That's fine. All right, okay if there's no need to, Eva go ahead.

Eva Hamant: I do have one. I have one that

Linda Mecham: We need to go into executive for, Alright...

02:10:00

Eva Hamant: Yeah.



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Linda Mecham: We need to make a motion then.

Eva Hamant: I make a motion that We go into executive session.

Linda Mecham: Thank you. All of those who do not need to be an executive with us, I thank you from the bottom of my heart for listening to all of this. Thank you so much. We appreciate you being here and for the health plans, I will get that question over to both of you and we'll see you next month. Thank you.

Patricia Sandino: Bye. Ladies have a good one.

Dawn McReynolds UHC OIFA: Thank you everybody. Bye.

Jeffrey Yamamoto: Linda you need a second on that motion.

Linda Mecham: okay, second

Mandy Harman: I'll Second

Curiosity Carolyn: This is Carolyn I second Mandy's.

Linda Mecham: Okay, Mandy's second. Did it and a vote?

Curiosity Carolyn: Aye,

The rest of the committee signaled "aye" to go to executive session.

Jeffrey Yamamoto: All right,...

Linda Mecham: Okay,

Jeffrey Yamamoto: Let me go ahead. I'm gonna stop this recording so I can. Get to the next.

Meeting ended after 02:11:13 🙌

Curiosity Carolyn: This is Carolyn, I make a motion to take this out of executive and close the public meeting.

Lisa Ehlenberger: I second it.

Linda Mecham: Thank you, Lisa. Thanks everybody. Have a Happy Fourth.

Eva Hamant: I,

Linda Mecham: Thank you. Bye!



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Lisa Ehlenberger: Bye everyone.

Jeffrey Yamamoto: Right.

Meeting ended after 00:16:02 🤝

Discussion and Review of Incident Reports and Behavioral Plans

For April 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
Physical Abuse	2	8
Property Damage	0	3
Suicide	0	3
TOTALS	38	644

For May minutes IRs, the Committee members have been given May (792) incident reports in the Shared Drive. This included open and closed reports.

May

Type	Open	Closed
Accidental Injury	1	148
Consumer missing	2	11
Deaths	1	7



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Emergency Measures	1	15
Human Rights	6	11
Legal	6	7
Medication Errors	1	44
Neglect	14	70
Other Abuse	15	38
Other-Behavior	0	236
Other -Injury unknown	1	120
Physical Abuse	6	16
Property Damage	0	5
Suicide	0	10
TOTALS	54	738

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.

Adjournment

Meeting adjourned at 12:37 PM

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