



**Division of Developmental Disabilities (DDD)
District East Independent Oversight Committee (IOC)
Public Meeting Minutes Summary
Wednesday, August 9, 2023 – 5:00 PM to 7:00 PM**

Call to Order

This meeting is being held virtually via google meets.

Meeting called to order by Committee Vice-Chair, **Suzanne Hessman**. The date was August 9, 2023, at 5:01 pm. The address of the meeting was Virtual, no physical address.

Welcome and Introductions

Attendance in Person: **None. This meeting was virtual.**

Attendance by Google Meets unless otherwise noted:

- **Suzanne Hessman, (Chair)**
- **Sarah McGovern, (Vice-chair)**
- **Elizabeth (Beth) Bird**
- **Kin Counts**
- **Teresa Brooks**
- **Aimee Griffith-Johnson**

Absent:

- **Rebekah Gigliotti**
- **Yolanda Huynh**
- **Tonia Schultz (non-voting member)**

Public in Attendance: **None**

Arizona Department of Administration (ADOA): **Larry Allen**

Arizona Health Care Cost Containment System (AHCCCS): **None**

Healthcare Plan Liaison: **Dawn McReynolds** (United HealthCare)

DDD staff and guests:

Carl Burik (Chief Quality Officer)

Leah Gibbs (Office of Individual and Family Affairs Administrator)

Joan McQuade (Office of Individual and Family Affairs Manager)

Michelle Rademacher (IOC Liaison)

David Blount (District Quality Coordinator for Quality Management Unit and Quality Assurance)

James Maio (District Central Quality Manager)

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



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

DDD District East IOC-Conference Call line (2023-08-09 17:01 GMT-7) - Transcript

Attendees

Aimee Griffith-Johnson, Carl Burik, David Blount, Dawn McReynolds UHC OIFA, James Maio, Joan McQuade, Kin Counts, Lawrence Allen, Leah Gibbs, Michelle Rademacher, moo blarg, Sarah McGovern, Suzie Hessman, Teresa Brooks

Transcript

Michelle Rademacher: This meeting is recorded. The audio is posted to the ADOA website. The Google transcription of the meeting is used for written meeting minutes. Suzie, you're good to go.

Call to Order

Suzie Hessman: Thank you, everyone for being here. This is August 9th, 5:01 pm for our District East IOC meeting. Michelle, would you read the Conflict of interest disclaimer for us?

Conflict of Interest Disclosure Statement

Michelle Rademacher: Yes. Does any committee member have a conflict of interest to disclose? If so, please do that now.

Welcome and Introductions

Suzie Hessman: Welcome everyone.

Michelle Rademacher: Okay.

Suzie Hessman: I am Suzie Hessman, chairperson. Sarah.

Sarah McGovern: Sarah McGovern. Vice chairperson, IOC East.

Suzie Hessman: Kin



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

Suzie Hessman: Beth.

moo blarg: Elizabeth Bird. IOC member.

Suzie Hessman: Teresa.

Teresa Brooks: Hi, everyone. Teresa Brooks, IOC member

Suzie Hessman: Amy.

Aimee Griffith-Johnson: Hi Everyone. Aimee Griffith-Johnson, IOC member

Suzie Hessman: Did I miss any of the IOC members?

Suzie Hessman: Michelle, would you go through all of our additional people on the call?

Michelle Rademacher: Yes, we have Carl Burik.

Carl Burik: There we go. Good evening, everyone. My name is Carl Burik. I am the Division's chief quality officer.

Michelle Rademacher: Thank you. James Maio.

James Maio: I'm James Maio. I'm the quality assurance manager for District Central, I'm filling in for Trudy O'Connor, the quality assurance manager for District East.

Michelle Rademacher: Thank you, Joan McQuade.

Joan McQuade: Hi everyone. This is Joan. McQuade. I am with the DDD Office of Individual and Family Affairs. And I'm here, supporting Michelle and the IOC

Michelle Rademacher: Thank you, David Blount.

David Blount: Good evening, everyone. My name is David Blount. I'm the district quality coordinator for QMU and for QA.

Michelle Rademacher: Welcome, thank you. Dawn McReynolds.

Dawn McReynolds UHC OIFA: Everybody Dawn McReynolds *with United Healthcare OIFA.*

Michelle Rademacher: Thank you, Larry Allen.

Lawrence Allen: Larry Allen with Arizona Department of Administration.



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Michelle Rademacher: Thank you. My name is Michelle Rademacher. I'm the DDD Independent Oversight Committee liaison. Did I miss anyone that's on the call?

Michelle Rademacher: Okay, thank you.

Call to Public

Suzie Hessman: Thank you, Michelle. It's time for a call to the public. Do we have anyone from the public on the call today?

Discussion on Guardianship and Supportive Decision Making

Suzie Hessman: The next line item is discussion on guardianship and supportive decision making. Who was it that was going to discuss this for us, Michelle?

Michelle Rademacher: We did not have a specific personnel for discussing that I was under the understanding the committee wanted to discuss guardianship and supported decision making.

Suzie Hessman: Committee. Joan.

Joan McQuade: Just as an FYI, I was at the town hall last week. And that's going to be one of the topics that's going to be discussed at the town hall.

Suzie Hessman: Mm-hmm. Okay.

Joan McQuade: So since Leah has arrived,...

Joan McQuade: she may want to also chime in on that. But just since that was going to be one of the topics. Guardianship and informed decision-making, Leah. I was just letting them know that that's going to be the topic for our next town hall. No, I thought that was coming up on the next.

Leah Gibbs: Our last town hall was the guardianship and alternatives to guardianship. Our next one in September is going to be the ARC of Arizona with the Arizona Center for Disability Law, specific to supported decision making and...

00:05:00

Joan McQuade: Right.

Leah Gibbs: the law that was passed, but it's not, we already last month. We talked about guardianship and...

Joan McQuade: I'm sorry,...

Leah Gibbs: alternatives to guardianship. That's okay.



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Joan McQuade: I yes. But the supported decision making was what clicked for me.

Leah Gibbs: Right. Right.

Joan McQuade: There will be a discussion at the town hall on that next month.

Leah Gibbs: There sure will. I'm sorry, I'm late.

Suzie Hessman: That's okay. Welcome.

Aimee Griffith-Johnson: Can I interject then? Since I. Hi, Leah, by the way. Hi everyone. Since I didn't make last week or last month's town hall, can we kind of get an update like a quick update? What that looked like?

Aimee Griffith-Johnson: For the guardianship piece.

Leah Gibbs: Yeah, here's...

Aimee Griffith-Johnson: I'm sorry, the guardianship piece.

Leah Gibbs: what I can tell you.

Leah Gibbs: The presentations that we do for the town halls are all posted online after the town Hall events and Raising Special Kids did what they do as their routine training that they provide families statewide of legal options when someone turns 18. And so there was conversations around the authorities of things like a medical power of attorney and a financial power of attorney and how those really only supercede, the member when the member is determined incapacitated, but that's when they would kick in. There was conversation about the form letter that a family can sign as their student who is still in high school at 18 and staying longer that they can sign consent to include the family in the IEPs and those special meetings that would occur with school.

Leah Gibbs: They discussed conservatorship and when a conservatorship might be something to consider and it's generally for people who have a significant amount of money and they don't have someone who is available to help monitor the use of that money and use it, how it's intended.

Leah Gibbs: They also talked briefly about supportive decision-making because it's still brand new legislation here in Arizona. There are several other states who currently have a legal option of supported decision making. There are a group of DDD advocacy network who work together to propose the legislation, and to see that through to passing and signing by the governor. That group, with DDD at the table, are going to be working between now and January about how it's going to be operationalized here, in Arizona, because there will need to be a formal process for that.



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Leah Gibbs: And we in DDD will need to be doing outreach and training for our support coordination staff to better understand supported decision making and their role or not their role when it comes to the process of supported decision making. Then there was discussion about guardianship and the three forms of guardianship. The temporary guardianship, the limited guardianship and the full guardianship. So all of those things were discussed during her presentation. Please know you're getting this off the top of my head but I do believe that that was what was discussed and there was a sharing of a link to the Arizona Center for Disability Law about their Legal Options Guide that is designed and includes all of those subjects in even more detail about what the legal options are. There is an active group of folks who are updating the guide. The one that is currently posted is dated 2016 and they are updating the guide and expect to have it released fairly soon. It's not a lot of significant changes because laws really haven't changed significantly but it's just more current and once that new version comes out we will certainly be part of the team of folks letting families know that there's a new version that's published. And it is published in English and in Spanish for families who need that. Like any other thing when it comes to the legalities of guardianship or alternatives to guardianship the Division cannot make recommendations, what we can do is provide people with resources and information and they're going to have to make the right decision for themselves. Does that help about what was shared? Do you have any other questions about it?

Aimee Griffith-Johnson: But no, I hadn't been at the last couple meetings, and I was worried that SB gotten involved somehow. So I'm so glad that this is just updated policy and kind of the way that we ACDL is moving forward with you guys and creating that update.

00:10:00

Leah Gibbs: Yeah.

Aimee Griffith-Johnson: So, I'm really happy to hear that. Thank you so much for that update.

Leah Gibbs: Not a problem. Thank you for asking about it.

Leah Gibbs: Hi Suzie.

Suzie Hessman: Thank you. You're always so knowledgeable. We appreciate that. Is there any other members that had discussion, regarding the guardianship and supportive decision making?

Suzie Hessman: Okay.

Leah Gibbs: There were no other questions for us.

Chat Message: Michelle Rademacher: link to the town hall meetings and past meeting slides <https://des.az.gov/services/disabilities/developmental-disabilities/town-hall-meetings>



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**Discussion on DDD Medication Administration Trends, Provider
Training and Corrective Action for Medication Errors**

Suzie Hessman: Then our next line item is discussion on DDD medication administration trends, provider training and corrective action for medication errors. So, I am not sure, Michelle, who is going to take on that discussion.

Michelle Rademacher: So that is why Carl is here today is to help with any information your committee had discussed. You were interested in information at the last meeting on trends related to what constituted a trend for medication errors. And then also about our direct support personnel training requirements and corrective actions.

Carl Burik: So This is Carl and I do my best to provide some information for all of you and just maybe want to step back a little bit and talk about the incident reports. And, As you all know, the quality management team under me and some of my team members here, receive incident reports from a various number of entities, our qualified vendors, from the governor's office, just to set the context. We get roughly about 4,000 incidents every single month. Not all of those incidents elevate to what we would consider a quality of care concern. So these are all rough numbers, but we usually have about a 10% conversion rate. So, about four, we after we look, review, the incident reports we do, get about 400 quality of care concerns. And again, that could range from anywhere with abuse, neglect allegations. It could be medication errors that we're talking about. So there's a full gambit that we see every single month. We do look at medication errors. If y'all don't know, we have our district personnel. So when we do identify a quality of care concern that requires what we consider a health and safety visit, elevates to that level, we will send out a nurse to that group home or to that DTA to put in essence, put eyes on the member and assess, start that investigative process, right of what might have happened. So in what you're looking for, with regards to the medications errors, that nurse if we did get that incident report about a med error, we would go out to the group home. We would not only look at that incident in particular, but will also look back on the MARs, see if there were any other identified issues or incidents related to medication. Once we, complete our investigation, we have another nurse that will review all of the information and if we do substantiate a claim. So if there is identified med error that we're able to substantiate, we will issue a corrective action to that vendor.

Carl Burik: In the sense of it could be from a policy, updating their policy. So if we felt that their policy wasn't appropriate, we would have them update their policies. We also have retraining. So, we will request that staff member that might have made the med error or that did make that matter is retrained on med administration. So those are some of the options that we do have and again there might be a little bit more. We do follow up activities. So we're recently re- engaging our activities, what we're calling sustainability.



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Carl Burik: So if we identify an issue with the vendor, let's just say a medication error, we will do a 30-day follow-up. So we will go out and do a, either look at incident data, or we might even conduct another visit to the home, just to check to see if any other med errors are occurring. And we'll do that at different intervals at 30, 60 and 90 days. And if we deem that vendor is not compliant during that time period, then another CAP may be initiated as well.

Carl Burik: So I just want to kind of summarize a little bit of our processes that we go through when we do get those medication errors. So we do have a quality management manager. We actually have a new one that just recently started and it's transitioning into that role and we do look at and track and trend the various aspects of the incidents and quality of care concerns that we do get in.

Suzie Hessman: And Carl this is Suzie Hessman. So you're. Thank you for that information. With the tracking.

Carl Burik: Sure.

Suzie Hessman: Are you looking specifically if this is continuing with an individual member, with a particular group home, with a particular agency? Or what kind of tracking are you looking at?

Carl Burik: So with the implementation of the new Incident reporting form, hopefully you all have seen the new form that just went into effect 8/1, we will be able to track the data a lot more efficiently. so obviously we will be able to track by vendor. We want to be able to track by member. Right? So we do have that information already, right. Because each individual incident that does come in, it's individual to that member. So we would be able to pull data to say, Okay, Carl had five med errors in the past six months, right? And looking at that data so that the new incident report form that will help us to achieve a little bit more efficiencies and look at little more intimate into the data, So hopefully if you have not, I would encourage all of you to please go to look at the new incident reporting form because, we're trying to capture a lot more information related to what might have caused the med error., And we will ask those questions when we're out and doing our investigation into those med errors. What might have happened, It could have been, the most common could be, the person didn't sign it. So the member might have got a duplicate dose of the medication. So we look into the rationale, why. But again, it's all about that education back to our vendor community. Right? And that's as a result of the corrective actions that we do submit back out to them, if they are substantiated, right?

Suzie Hessman: Okay.

Carl Burik: And again, I could speak in general, but from my experience and again, I'm not in the weeds with every single incident or QOC that does come into the Division. But my computer is starting to act up. Sorry about that. But, I could assure you with medication errors, we do. I know our medical directors take that very seriously and it's almost a guarantee that some type of training will be requested or will be required as a result of a medication error.



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Suzie Hessman: Okay, are you able to put the link to that new incident report form in the chat for us? And that would be awesome.

Carl Burik: Of course, I will do my best. But yeah,...

Suzie Hessman: Thank Okay, and...

Carl Burik: I'll post it in there. Yep.

Suzie Hessman: I know Kin's got her hand up. Kin, go ahead.

Kin Counts: Yes, this is Kin.

Chat Message: James Maio: Link to the new incident form

<https://des.az.gov/sites/default/files/legacy/dl/DDD-0191A.pdf?time=1690913364888>

Kin Counts: So my question is, so from my understanding is that whatever actions that will be taken is after something happened. That means that is a medical error occur. So, What if I'm sure, I believe that there will be some that I'm not reported. like missing doses and things like that. And I don't think everybody's so vigilant to report every time a member misses that dose and this can be Very serious. so,

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Kin Counts: Is there any preventive measures? All things happen and then everybody goes to do that, how about prevent, prevention because it is very risky medication missing, doses over dose, forget to sign, not haven't got my prescription refilled, and missing dose. So *this can be very serious*. So from my understanding, it's only actions of taking only when something happened. Sometimes it may be too late if something really happened. And everybody scrambled to look for them to do this, do this. How about any strict preventive measures taken, like the check every time, is every training up to date, or what is going on, checking, preventive measures basically. Yeah.

Carl Burik: Yeah, that's a really great question and I applaud that. And the, I would agree. Preventative measures in, and what the Division is doing to help with that, as I had mentioned. Our QM Medical director, Dr. Farh Lokey. And some of you might have heard the name, Dr. Timothy Peterson. They are. He's right now in a consultant role with us, but We've also been engaging the A-pad I don't know if you're all familiar with A-pad and having breakout sessions with the vendor community to talk specifically QM and medication administration, I think has been a hot topic and a topic that we bring up almost at every single me.

Carl Burik: Meetings to educate the vendor community about simple steps that could help prevent it, I know, we also have a program monitoring unit that is under quality as well. That's out, monitoring group homes, the developmental homes, the CDHs, the DTAs. As you know, some of the challenges that the Division has is, and that you called it out, is Reporting the incident. And we really only know, again from my team, right. We would only find out about it if it's reported to us or if one of my monitoring team is out



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there and they're looking at it and we might find, Hey, Carl's training has expired. That's part of what my monitoring looks at as well. So,

Carl Burik: Then they would provide that technical assistance to the vendor. So I just want to assure you. That medication administration is at the top or tip of our tongues every time that we meet with the vendor community because a lot of things that we do see are preventable, and it's really getting out and educating the vendors. And for example, properly loading somebody, locking that wheelchair down in the van. So that's preventable, it's what we're doing, what we can to educate. And I know James Mayo is on the call. We do some, I guess, and we'll call them environmental checks, where I have the district team that will go out to various homes and just pop in and do a check and look to see what's happening. and we do whatever we can to provide that technical assistance to our vendor community. But I agree that prevention probably needs to be at the forefront of everything that we talk about. Can we prevent everything? No. But, whatever we could do to help, that is what the Division and my team are definitely trying to do.

Suzie Hessman: Is there any kind of technology that is being implemented? I mean, I know, personally, that it's easy to forget with taking your own meds, and I have an app on my phone that's free that, when I take my thyroid medication in the morning, I click the button that I took it. When I take my other pills next, I click the button, and I can track and look back at the history of everything and it's a free app and when my daughter was living on her own, it was called a hero app and it was a med dispenser and I loaded, all of her pills for the whole month in there, and it would just, ring to just remind her and she'd press the button and it just dispense some. And I could see in real time on my phone, whether she had taken them, or not, are they utilizing any things like that?

Carl Burik: To be honest with you, I haven't heard of anything from the vendor community. I know some vendors do embrace technology and have electronic MARs. So it makes it a little bit easier to track, but those are some really great ideas that, I think during, Leah, I'm gonna call you out here that, maybe that's something that the vendor community may become aware of. Again, I think it's educating, providing resources to the vendor community, and I'm more than happy to help out with that as well. We do a monthly QM blast that we send out to the vendors. So that again, those are topics that we could put in there to say, Hey can Maybe you look at this app or again it's looking at the feasibility in those locations, right?

00:25:00

Suzie Hessman: Absolutely, yes. Yeah.

Carl Burik: but at least putting the information out in front of the vendor to give them the resources.

Suzie Hessman: Yeah, things to make it not harder on them,

Carl Burik: Right.

Suzie Hessman: But to be more thorough and preventative. Sarah, you have your hand up.



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Sarah McGovern: *Thank you Carl, that actually answered a bunch of my questions. My question is, I've been working on neglect IRs. One thing I have noticed is that about 25% to 30% are medication errors with neglect. What I am wondering is, if when incident reports are generated. Do they ever fall into multiple categories? Because some of these neglect ones I'm reading and I'm thinking, this is a pretty serious medication error issue on top of neglect. How does that work?*

Carl Burik: So, that's a great question. And when we get an incident, there's always that, and I'll just use a term opening allegation. We'll make it with our triage team will look at it and we usually just align it to one allegation. But as throughout the course of our investigation, we might like to your point, identify other allegations, or even upgrade or downgrade. Again, that opening allegation is really just kind of like a placeholder in a sense. But through our investigation, that is something that we do look at in our clinical team, again based on their clinical judgment, reviewing of all the information, we could add more allegations to an incident. So it's not just like you said, it might be a med error at first, but when let's say, we get out there, we find other things. So those will be added to that.

Sarah McGovern: Okay.

Carl Burik: Allegation or to that one incident, and it goes for everything. So if we're out there for gosh, I'll use a bad one.

Sarah McGovern: No.

Carl Burik: A broken front door. When we're out there doing our assessment, we might find, wait a minute, you got holes in the wall or, we might find a med error, as a result of us going out there, that wasn't reported to us. So we do also do corrective actions as a, just for your information. if we find other things, like, if we went out there for let's say an abuse allegation, but then we find a medication error, we will do a corrective action for non-reporting to the Division. So if we find it and they didn't report it, we will add that to our corrective action,

Sarah McGovern: Okay, thank you.

Suzie Hessman: That's good to know. And thank you James for putting the incident form link.

Carl Burik: Thank you. James.

Suzie Hessman: Yeah. Go ahead James. You have your hand up.

James Maio: You're welcome. I just wanted to answer Suzie, you had asked about technology in and we do have vendors, who have grasped that technology, a lot of them do use some of the newer Electronic based medication tracking apps and they mainly use them not so much for individuals to get alerts. But a lot of it is for oversight of their staff so that their management can oversee the staff, making sure that they're, making sure that they document med administration so that they can review to make sure that they're documenting when meds are given, that it's being given at the right times, to the right members and they're doing offsite oversight.



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James Maio: But yes, there's a lot of vendors that are getting a hold of that, it's not widespread yet but it's becoming more popular because it allows them to perform that oversight without necessarily being there 24/7. So it allows their managers to make sure that their staff are giving meds timely even when they're not there.

00:30:00

Suzie Hessman: All right.

James Maio: So if they're not in the home. So they have four homes that overseeing, they still know that the meds at 8 o'clock we're given because they're updating them on time. They're getting alert on their phone saying, Hey they marked that the meds were given and

James Maio: So they're being able to check for that. So it's becoming a lot more popular with vendors, but it takes a lot of infrastructure and then you have to upload a lot of past information. So it's harder for vendors to get started on it, but a lot more are putting their money into that because it gives them a lot of time saving technology, so we're seeing a lot more of it.

Suzie Hessman: Okay, that's great to know. So is it a particular software program that they're using?

James Maio: There's actually a lot of different ones that are being used.

Suzie Hessman: Okay.

James Maio: There's not one that's being dominant. I've actually gone out and seen several different companies. There's a lot of them buying for customers because there's a lot of competition amongst them, and a lot of them, they've had whole states take up, they've actually had people come in and try to get the state to buy a brand and implement it. But it's very difficult because not every agency has the infrastructure in their homes. A lot of it, everyone has to have cell phones. Everyone has to have computers in their homes. You have to have all your documentation put in electronically and the state. They never put that as a requirement on their agencies. So not everyone can afford to do that. So the State has never bought into making it mandatory. So everyone has to do it individually right now. So we've seen a lot of different agencies take it up. And it's more and more every year, our monitoring teams see it more and more every year.

Suzie Hessman: Great, thank you for that information. I mean, that's good to know. I'm at this point. I think. Probably 99% of. Everybody has at least a cell phone, you know that they could.

James Maio: You'd be surprised though.

James Maio: Work, using your phone for work though and downloading applications on it and then you have to worry about having people's information on there too. So there's a lot of rules and laws about



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keeping people's information. So most of it you have to have a work phone as compared to just having your personal cell phone,

Suzie Hessman: Or if it's cloud-based, then it's not stored on your phone. So okay, that's great. I mean, I hope more do implement that because it's, just like what Kin's saying, the preventative things, because obviously medication errors is, it can be life-threatening. so,

Suzie Hessman: Is there any other discussion that we need to have regarding that before we move to our next agenda item?

DDD Policy and/or Legislative Issues

Suzie Hessman: Okay, our next agenda item is DDD policy and or legislative issues. As I typically do, I'm gonna look at you, Leah and say, Do you have anything to update us on? I know a whole bunch of stuff came over. And I'm gonna be honest with you, I did not read any of that. So I know that's horrible but I didn't have the bandwidth this month to look at any of it.

Leah Gibbs: I understand and DDD is regularly, as you've all experienced, updating our own policies. And several of those updates are for the Division to align with the AHCCCS updates to policy. And a lot of the work that's being done right now.

Suzie Hessman: Right.

Leah Gibbs: When I give you the rest of my DDD updates, what are around that National Committee of Quality assurance, the NCQA accreditation. And there are certain things that are being looked for in policy as part of our readiness for that process. And so some of these changes are around that as well. I certainly don't feel like it's appropriate for me to give you my opinion about the quality of the things. Just so that you know, a lot of it are things that are requirements and a lot of them are things that, gee, we probably should have written that in policy a long time ago so that the community families can know some of those things.

00:35:00

Leah Gibbs: When it comes to legislation, at this point, where our focus is from, this last session is going to be rolling out. The supported decision-making come January of 2024 as we can finish working with our other stakeholder community about what that's going to look like. And there is the new requirement around licensing of a new type of group home that the Department of Health Services is going to be developing rules around and it's going to be called a behavioral supported group home and I had let you all know before that it's very similar to the enhanced behavioral group home that we were already rolling out within the Division. We're just making some additional changes to be a hundred percent in alignment with the law. And those policies will come out as we're able to get the rules from the Department of Health Services. So we can build policy around those rules.



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Leah Gibbs: But when it comes to new legislation from this last session, we did not have nearly as much going to law as we were kind of wondering might become law. There just wasn't as much as we thought. This next session. It's a little bit soon to continue to give you a lot of updates but I can tell you that there's still conversation around, the ECT electroconvulsive therapy and what's in current law and potentially bring that work group together and talking about what we think it could look like that still protects people, but doesn't discriminate against people with IDD who may need that medical treatment.

Leah Gibbs: So that's still kind of on the burner but I don't have dates yet because there's a whole, behind the scenes process, between the legislative committee of the Department of Economic Security and the Governor's office before we move forward. But it is active. There's actually a meeting on it today and I can assure you that all of us in DDD continue to remind everyone that we're not moving forward with anything without inviting our stakeholder community, including our IOCs to be at the table when the time comes that we're ready to draft it. So that's really...

Suzie Hessman: Okay.

Leah Gibbs: what I have for legislative updates unless anybody has any questions.

Suzie Hessman: And so are there medical professionals like psychiatrists on that group? okay.

Leah Gibbs: What will there be? Absolutely the group doesn't exist yet, Suzie, kind of the whole point of reaching out as quickly, as soon as we did around the IOCs. We don't want to make the same mistakes we've done with Article 9 and we want to be as transparent and proactive as we can. And so there's no committee yet internally but there will be psychiatrists. Apparently our Behavioral Health Administration has been in contact and I don't have names and I apologize but one of the leading authorities about people with IDD and the use of ECT that's out of somewhere in California. Who also can help us because many questions that the committees for us had to do with what are the statistics around successes of ECT and the use in the IDD population and we're getting that information so that we're all making informed decisions as we talk about it.

Suzie Hessman: Yeah.

Leah Gibbs: I don't

Suzie Hessman: Because the thought of it seems quite barbaric and you think of the old movies, like with Jack Nicholas.

Leah Gibbs: And yeah, you do. One Flew Over the Cuckoo's,...

Suzie Hessman: One Flew Over the Cuckoo's Nest, yes.

Leah Gibbs: Yes.



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Suzie Hessman: And it's very, very scary. But I did a bunch of research on it for my own daughter, to be able to have the treatment. And it is not like that anymore. It's very humane. In fact, they're asleep during it and the treatment takes all of 60 seconds. And there have been quite a lot of good success with it. So I'm very interested in what you guys talk about.

Leah Gibbs: I'm sure hope that you'll be able to join us and if not obviously someone else from the committee but we really want to be thoughtful and we recognize there's a tremendous need for education because all of us...

Suzie Hessman: Yeah.

Leah Gibbs: remember what you remember from One Flew Over the Cuckoo's Nest and...

Suzie Hessman: Yeah.

Leah Gibbs: how horrible it was as compared to today and even then we still are very sensitive to what are those internal safeguards, not just the parity of saying, Let's make the law such that the medical treatment is available to people with IDD, like it is to anyone else in the population, but then what are those other steps to safeguard to make sure that it never gets abused in the use for purposes of our members.

00:40:00

Suzie Hessman: Absolutely, yes.

Leah Gibbs: So it's not just writing the law,...

Suzie Hessman: Yeah. Yeah.

Leah Gibbs: It's writing the process. Yeah.

Suzie Hessman: Yeah, absolutely. Those protections need to be in place for sure. Back to the enhanced behavioral group home, I know you don't have all the details of that but what, give us a broad overview of how that would look different than a regular group home?

Leah Gibbs: I can tell you that there's a tremendous amount of additional training that would be required of the direct support professionals, and that those homes would have a much stronger...

Suzie Hessman: Okay.

Leah Gibbs: Collaboration between the behavioral health agency supporting the member, in addition to the DDD agency supporting the group home. How imperative that collaboration is going to be. There's another component that is kind of a stickler right now that the Division is working through but the way we are proposing the service is we can't have a vendor refuse to serve a member.



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Leah Gibbs: Today as you know, vendors can select who they're going to serve and they can say no we're not going to accept this individual. This particular service is designed very much for people with the most complex needs and...

Suzie Hessman: Right.

Leah Gibbs: The rate that we reimburse the vendor is significantly different than a traditional group home rate because of some of those risk factors. And so we're trying to still work through some of those points,...

Suzie Hessman: Right.

Leah Gibbs: but the Division feels pretty strongly that if a member needs this level of care. And if a vendor agrees to provide this level of care, then they can't be refusing to serve folks.

Suzie Hessman: Okay, so then if I'm understanding it correctly, a vendor would, along with, they're approved for Respite, they're approved for attendant care, they're approved for group home. Whatever their services, they're approved for this would be a separate approval.

Leah Gibbs: Exactly correct. It's a whole separate approval process with a lot more basic requirements, on the part of the vendor agency about being able to support people.

Suzie Hessman: Okay.

Leah Gibbs: And it's different looking in that, today about the title level, of minimum training that a Direct Support Professional gets in a group home. It's significantly higher than that,...

Suzie Hessman: Yeah.

Leah Gibbs: it's Its trying to set a foundation that the direct care staff and the behavioral health technicians, and the agency supporting the member through the behavioral health and the agency supporting the member through DDD and our own BCBA's would be involved within the division, to make sure that there's that ongoing collaboration around that individual. And we really want to. It's designed to be a service that we want to get that member as stable as we can get them and to build the right support plan around them to be successful. and...

Suzie Hessman: Right.

Leah Gibbs: eventually would love to see that person be able to go into a lesser restrictive living situation. but, it's not going to work well,...

Suzie Hessman: And so yes.

Leah Gibbs: unless we all have the commitment going in the gate,



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Suzie Hessman: And I think that's important and I'm glad to hear because currently, right now our direct support staff doesn't have any behavioral Training. And I think we all see a lot of incident reports,...

Leah Gibbs: Correct, that's required.

Suzie Hessman: whether it's a emergency measures, or missing member or things like that. And I think there's a smaller population of our members that are highly behavioral but don't have the support truly that they need to learn better coping skills.

Leah Gibbs: Exactly, exactly. Yeah.

Suzie Hessman: And so they could progress, they could do better. But they don't have what they need to help them be better.

Leah Gibbs: Right, I'm with a hundred percent behind them.

Suzie Hessman: And how does that look then for? Would you be picking these members that we're having lots of problems with?

Leah Gibbs: I can assure you. I am not picking them personally but there will be a process around an eligibility criteria...

Suzie Hessman: No, no. I mean, yeah.

Leah Gibbs: because it can't just be my son.

Suzie Hessman: Yes, that's what I've talked about here.

Leah Gibbs: Might have a tantrum once in a while. I want your enhanced behavioral group home. it's specifically for people generally...

Suzie Hessman: Right.

Leah Gibbs: who are dually diagnosed, who have complex needs to be able to be successful. Yeah,...

Suzie Hessman: Yeah. Yeah. Okay.

00:45:00

Leah Gibbs: and I don't personally know that criteria yet, I'm sorry,...

Suzie Hessman: Yeah.

Leah Gibbs: but I know that there is a criteria for it.

Suzie Hessman: That makes sense. Okay. Thank you for all of that information that was Really good.



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Suzie Hessman: Allright. Anybody have any questions before we go on to the next?

DDD Staff update

Suzie Hessman: Our next agenda. Item is DDD Staff Update.

Suzie Hessman: So, I guess, Leah we can start with you or Michelle, do you want to take the reins on that and go around DDD staff to get updates?

Michelle Rademacher: Sure and if Leah's okay while she's on a roll she could just continue.

Leah Gibbs: I just hate to jump right in Suzie. I just want to make sure it's what's comfortable for Michelle too. And so I do have some updates and...

Suzie Hessman: Okay.

Leah Gibbs: And so I do have some updates and some are going to sound a little redundant. That, I think it's nice to hear them in context of what's going on. So the Division continues to do a great deal of focusing on improving the quality of behavioral health services that are made available to DDD members. That we are aware that improvements need to be made. We are aware that some families are experiencing service gaps, trying to get access to some services. And we are aware that the behavioral health agencies on a whole, several of them struggle with working with people with intellectual and developmental disabilities. So we have several things that we are continuing to work on. One is that we are finalizing training for behavioral health professionals agencies staff. A lot of that training is delivered through the RELIAS, which is a computer-based training program that all of the behavioral health agencies in Arizona use. So they all have the same platform and there will be some existing courses, specifically, to understand intellectual and developmental disabilities, to understand that people with IDD may not have the same types of reactions to medications that others might. To understand how to work with people with IDD. And just some basic things that I know all of you know, that people need time to process. We need to not give too much information too fast. We need to be able to help build those capacities. So there'll be several online courses available. The Division is finalizing right now, a course that will be available instructor lead. That is really around the Division of Developmental Disabilities in Arizona, about understanding our eligibility process, understanding what we mean by dully diagnosed, understanding behavioral health services and how they can benefit our members to better understand peer and family support services, the DDD system in working together to collaborate in service delivery. We also expect that to roll out in the next few months. Our own community engagement team from our OIFA team is partnering with our behavioral health unit to do that virtual training. So that we will be involved in those, they're going to be providing them probably weekly for the first four months and then monthly there forward. So that it's not something that we're going to say you're trained and done because we know agencies hire new staff all the time that we want to continue to make that available to folks.



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Leah Gibbs: The team is also continuing the process of identifying a couple of conferences that will be specific to behavioral health agencies, one in Tucson, one in Phoenix, that will allow behavioral health professionals to have a day of more understanding working with people with dual diagnoses. Understanding the best collaboration process in working with DDD, as well as offering continuing credits to the professionals who will come to those conferences. We don't have dates around those yet that they're going to be occurring next year.

Leah Gibbs: I continue to support our work group around rolling out positive behavior support. The curriculum is getting closer and closer to being finalized. What we ended up doing was drawing from curriculum from other states and other agencies that are best practices. But we kind of drew what we thought made the most sense for Arizona and for our population that we're trying to train. The positive behavior Support training will be a requirement for all direct support professionals who work in our state operated program. It will be incentivized to our qualified vendors for all of their direct support for professionals and their direct care workers who work in the home and community base, attendant care habilitation,...

00:50:00

Leah Gibbs: respite type workers, in addition to workers who work in residential services. And we are paying an incentive to the vendors per employee that complete the training. In addition, we are paying for the vendors to send their training staff to a train-the-trainers to be able to deliver the curriculum in a consistent manner. The curriculum is going to have a trainer's guide as well as a participants guide and there will be a presentation to follow as the training is delivered, along with activities to make sure that people are understanding what we're trying to teach. It will be made available at no cost to family caregivers and caregivers who are providing support to members in their homes.

Leah Gibbs: It will also be supported with a weekly technical assistance session that will be overseen by people who helped develop the training and will be able to be available for people who are trying to implement the strategies and concepts around positive behavior support and might have questions or running into some barriers or problems. So that is all rolling along as well as developing a process for collecting data to demonstrate if it's making a positive difference, in the lives of people we support. So, that's all tied into positive behavior support.

Leah Gibbs: The Division is also, as I mentioned, we are rolling out what is today referred to as enhanced behavioral group homes, that with the new legislation are being called behavior supported group homes. The Department of Health is finalizing the process around what that licensing work is going to look like as they finalize rules around it. The Division does have plans to develop up to 10 group homes statewide specific for these folks with very complex needs under this behavioral supported group home licensure. We're not holding up for that though. We still have our enhanced behavioral group home that we're moving forward with, we don't want to be held up for somebody to write rules around the other process. So those are things that are currently underway.



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Leah Gibbs: The Division is also working with the AHCCCS administration in that. There are other initiatives that AHCCCS is doing around the American Rescue Plan Act funding. And the Division is going to be producing a Web page that is talking about all of the different. Initiatives that are occurring for AHCCCS as well as DDD. that'll be available to the public and they can go online at any given time to see exactly where we are in the implementation process of these different initiatives. Our communications folks are currently drafting that now and it'll be going over to AHCCCS for approval. And once we have it up hopefully soon I'll be able to give you that update at a future meeting.

Leah Gibbs: I mentioned before that we continue to work toward accreditation with the National Committee and Quality Assurance. In that process, we are doing our own internal evaluation of our policies, our processes, and what we are trying to do to meet all of the elements and standards that are required to receive the accreditation. And so you're going to see more policy updates accordingly, as we bring these things current. Our goal is to be accredited by, I'm not gonna remember the month, I think it's October of 2025. But we are moving in the right direction and you're going to see more and more systems improvement. The specific accreditation we're looking at is in support coordination for long-term services and supports. So that's what DDD is working toward?

Suzie Hessman: That's a national accreditation.

Leah Gibbs: It is the national accreditation and last I heard, there was one other state accredited for it. So, we would be number two.

Suzie Hessman: So then the other are just individual agencies that receive information?

Leah Gibbs: No, the national accreditation for quality assurance it's more global and quality. We're specifically looking at support coordination and long-term services and supports for people with IDD. It's kind of a sub-area that there's only been one other state who's been accredited in it. Okay.

00:55:00

Suzie Hessman: Okay. Okay, all right.

Leah Gibbs: Go ahead, Teresa.

Teresa Brooks: Can I just ask what the benefit, other than having a plaque hung on a wall, somewhere? What's the benefit for Arizona to do that?

Leah Gibbs: Here's our benefit, Teresa and this is the part that I'm really excited about it. Is making us do a full evaluation of, What are we putting in policy? What are the processes that we follow when we're assessing service needs for members? How are we communicating information to families? And it's making us formalize these processes that we kind of know up here but we don't put in writing out to members and families. It's going to help our system be much more transparent. It's going to help our system continue to build our capacity to be more person-centered as we support folks. And all of the things that I'm seeing that we are finalizing and updating are things that should have been out in writing Forever.



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Leah Gibbs: It's just making us do that, determination. We write down. We don't publish anything in our policies that, what are the requirements or the responsibilities of the family members supporting our members. And yet, that's something that we should be transparent about. And it's those kinds of things that we're working toward. Does that help some? And it's not about the plaque but it is about the positive responses we're going to have in getting there because it makes us take that step back to look at our current processes.

Teresa Brooks: Okay, I just wondered, I would kind of being facetious about the plaque,...

Leah Gibbs: No. Actually I get it.

Teresa Brooks: but I wondered if there was any government funding that came with that or...

Leah Gibbs: Not a dime,...

Teresa Brooks: something from. Okay I like it. Okay.

Leah Gibbs: It's not about that. It's really about, are we on top of where we need to be in being supportive? So yeah.

Teresa Brooks: Great.

Leah Gibbs: Wouldn't mind money but no.

Leah Gibbs: Just to continue to give you updates. We continue to have gains month over month on hiring new support coordinators. Every month, we have more new hires and we do people who are resigning or retiring or leaving our system as support coordination. And with bringing these new folks on board, we have developed a specific onboarding unit whose function it is to train and mentor new support coordinators. These units went up and started running in October of last year. And since then, we've had a 97% retention rate of our new staff.

Suzie Hessman: That's great.

Leah Gibbs: That is fantastic. It is so exciting. And I had the privilege of being a keynote speaker in the last graduating class of new support coordinators. And so I get to talk to them about that dual hat that I wear about being a parent and navigating DDD and being a leader in DDD. And it was really helpful for me. And I think I might have made some impact for our new staff. At least they said I did. So that's something else that we continue. On our current rate. We believe that for the first time since I've worked here for 24 years, we may be almost fully staffed in support coordination.

Suzie Hessman: Yes, it is. Wow.

Leah Gibbs: If we can continue this and we are heading in the right direction, we're really excited about that.



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Leah Gibbs: The Division is in the process of implementing a new qualified vendor agreement and we have posted for all of the existing qualified vendors, the new contract. All of our existing vendors from the first of September, will have about a six-month period to complete the new forms. And to stay contracted with the Division, to provide service moving forward. The biggest changes that we tried to focus on in the new contract is around increase in the quality in the service delivery, and to increase to make sure the types of services that we are providing are meeting the changing needs of the population of folks that we support.

Leah Gibbs: So there's some changes in the behavioral health or pardon me, I apologize in the employment services in what we are offering as employment readiness services that we're excited about rolling out. There's the enhanced behavioral group home that will be this behavioral group home moving forward. There is a lot of changes around general quality as a result of the feedback. The Division did a great deal of outreach in 2019. It feels like forever ago. But we started in 2019, in trying to collect information from stakeholders from vendors, from families, about what are things about the current process that you'd like to see improvements on. So they're all part of what's the consideration of the changes that it's mostly changing around quality and service?

01:00:00

Leah Gibbs: And then the last step I have, Kin, go ahead.

Kin Counts: Is this just one question? So with that, does it mean that the providers are going to have to have more trainings needed? They have to go through more trainings.

Leah Gibbs: I hate to misquote anything in the contract, but there is going to be a broader sense of the requirement for direct care worker training. Yes. Today, it's only required for attendant care and it's looking at expanding that requirement. I can't tell you, I mean at this point we're not talking about mandating positive behavior support training. We really want the vendors to see that there is a tremendous value and as we roll out that training and publicize the successes and the families that will be willing to let us share how that made such a positive impact, that vendors between the financial incentive and seeing the quality improvement will come on board. It's hard as a government agency when you mandate a training, sometimes it loses its value. Because now it's just one more mandated training as compared to the emotional investment. So right now I can't tell you other than the direct care worker training what else has been expanded upon. Sorry.

Leah Gibbs: Parents as paid providers for their minor children continues to be a very hot topic. The AHCCCS administration did allow for the flexibility at the beginning of the public health emergency. They have announced that it's going to continue the way it is through November 11th of 2023. In the meantime, the AHCCCS administration is going to be writing a proposal to the Centers for Medicare and Medicaid Services to make this service option available moving forward.



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Leah Gibbs: AHCCCS has been having public forums to get feedback from the community around, what they're referring to is guardrails or some of the requirements around the service. There have been some very passionate debates and passionate correspondence received from families on their belief system about pros and cons to making a permanent option. AHCCCS has completed its last public forum. However, they are continuing to accept written public comment through the 21st of August. And then once they have the opportunity to finalize their proposal to CMS, the Division will know more about what that might look like. And once it's finalized from a CMS level, we will be able to provide ongoing support and training as that option becomes permanent. That's all I have, unless you I'm sorry I know.

Suzie Hessman: That's it. That was a lot.

Leah Gibbs: There's always a lot going on Suzie. Yeah.

Suzie Hessman: A lot and some very good things that sounds like coming down the pike. kin with that thumbs up. So, it's especially exciting with all of the activity around positive behavior supports. I think that'll be tremendous improvement for our members.

Leah Gibbs: I do too. I'm anxious, as we start building the committee to finalize some of that data assessment and analysis, I want to find a way to actually reach out to the members who have the direct care workers giving them the service, who've had the training to say, "Gee, have you seen a difference and does it make you feel like your life is in a better place?" It's all kind of part of it. I just,...

Suzie Hessman: Yeah.

Leah Gibbs: We need to get there. I'm excited to get there.

Suzie Hessman: Thank you, Leah.

Michelle Rademacher: Thank you very much, Leah for all of that information. As we move through DDD updates. James, do you have an update on behalf of Trudy by any chance?

01:05:00

James Maio: I really don't have any updates for District East right now.

Michelle Rademacher: No worries. Joan, do you have an update today?

Joan McQuade: As all of Jeffrey Yamamoto abandoned us and abandoned your committee but, he got a promotion. I'm just so happy for him and he was very helpful while Michelle was on annual leave because it was me all by myself. So, he still knows his IOC stuff, but the position has posted. So we're just waiting to get some resumes for qualified candidates. He's created a really high bar.



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Joan McQuade: But I am sure that we will find someone once I start going through the resumes and we go through the interview process. But that's where we're at right now. And also, because of having people on vacation, Michelle and I planned our trips thinking that Jeffrey would be here. We're a little bit behind on auditing the redacted incidents to get out to you guys. So you're going to see them coming and maybe smaller batches, because as soon as we get a group done, we want to get that stuff out to your teams as soon as we can. Just to give you a heads up on that. Okay, but that's it.

Suzie Hessman: Okay, thank you.

Joan McQuade: Any questions or anything for me?

Suzie Hessman: No, thank you.

Michelle Rademacher: So, the PRC chair, Bernice Curro, was not available for the meeting this evening, but she did provide me with an update to present to the committee on behalf of Bernice, and District East PRC. She says that she wanted to update you that we had some conversations with or pertaining to review behavior plans on behalf of District East. Keith Jansen has been added to the PRC District East calendar as an IOC member. He will be writing the IOC dispositions and mailing them back to PRC. He'll send them to PRC for the records and folders and the database.

Michelle Rademacher: Rebecca Gigliani. I'm sorry I hope I said her name correctly. Also met with PRC and myself and she has a list of the plans for review that need an IOC disposition. She has received information about what the process looks like and she's going to start picking up, redacted plans and reviewing those, getting District East, the two of them are getting District East, right on track and filling in a need for review of behavior plans.

Michelle Rademacher: Did anyone have any questions on that by any chance?

Suzie Hessman: That's great. Thank you.

Michelle Rademacher: And I believe, did I miss any DDD staff for updates?

Michelle Rademacher: That is everyone from DDD for updates.

Suzie Hessman: Okay, thank you. Michelle.

Arizona Dept. of Administration (ADOA) Liaison Updates

Suzie Hessman: All right, the next is ADOA liaison updates, Larry. I saw you dropped off are you back on. Okay.

Lawrence Allen: Get it. I am. Yes, I'm not too sure what happened there, but I'm connected. I do not have any updates for the committee tonight. I know I had several updates for the past couple months regarding the conflict of interest, the annual report, the updating of the manual. Are there any questions to that? That anybody on the committee might have, regarding that.



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Suzie Hessman: No, I got your email regarding the annual report with the criteria of what should be added in there.

Lawrence Allen: Okay.

Suzie Hessman: Thank you. That was helpful. I know we had that for last year, but that's helpful to remind and look at that again.

Lawrence Allen: Yes, it's always good to have that and...

01:10:00

Suzie Hessman: Yeah, to have it as a reference and...

Lawrence Allen: refresh. Right.

Suzie Hessman: kind of go down tick by tick. So yeah.

Lawrence Allen: So, I really don't have anything else for the committee. Again, you have my contact information, if should you need me for anything? Please let me know.

Suzie Hessman: Great. Thank you.

Lawrence Allen: You're welcome.

Health Plans Liaisons Updates

Suzie Hessman: Health plan Liaison updates. Dawn, I believe you're the only health plan on tonight. Do you have any updates?

Dawn McReynolds UHC OIFA: I do Susie. I hope this is relevant to this IOC. I wanted to share, as Leah was sharing about the behavioral health enhancement and she mentioned peer and family support, right now on AHCCCS's website, under the tribal consultation, both policies that govern the training to credential those individuals are open for public comment. And I just wanted to take a moment and educate that, if this IOC should be interested, contained in that policy are all the health plan requirements of regulating peer and family support training. It also overviews all the different components that an individual, who is interested in becoming a credentialed peer or family support must meet. Now that's open to all populations that are within the AHCCCS Medicaid plans. So I wanted to, if I may, I was going to put the link so that you folks can see that web page. You can click on subscribing to all the policies that are open for public comment. You can see the policies as well as any of the attachments that are open as well. And the due dates of when your feedback would be, the due date, sorry, it's late. But are you interested, Suzie if I put that link and...



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Suzie Hessman: Yeah. Yeah,...

Dawn McReynolds UHC OIFA: in the chat, okay,

Suzie Hessman: Dawn it's great. That's helpful information.

Dawn McReynolds UHC OIFA: It's coming in the chat now and that's the only update that I had. I just wanted to put that out there for you.

Chat Message: Dawn McReynolds UHC OIFA: AHCCCS Tribal Consultation and Public Comment Process for Policy Changes (azahcccs.gov)
<https://www.azahcccs.gov/AmericanIndians/TribalConsultation/policypubliccomment.html>
<https://ahcccs.commentinput.com/comment/search>

Suzie Hessman: Thank you. Then Michelle, back to you.

Dawn McReynolds UHC OIFA: You're so welcome.

DDD IOC Liaison Update

Suzie Hessman: DDD IOCliaison update, do you have anything more than what you've already gone over?

Michelle Rademacher: Up just a little update. I like to provide you with information each month on our DDD Public Town Hall meeting. As that's a good platform where DDD provides information and gives an opportunity for any questions on the information received. The next public town hall is Thursday, September 7, from six to eight pm and I did put in the chat, the link to the Town Hall meetings. And this link also includes how you can access the past Town Hall meeting slides. So you can actually do your own virtual meeting and go through those slides to receive any information from any past town halls that you may have missed. So I figured that might be helpful for the committee to have

Michelle Rademacher: The other thing I wanted to just bring up is if you need any written information from me for recruitment, for new membership, just let me know, send me an email. I'm happy to send you any pamphlets, or business cards, anything, you'd like there. We did have an announcement that went out. The volunteer coordinator had been able to access an announcement out to families and members, and we are getting some feedback on that from the community and interest in IOC. So, as those things come in, I'm cycling them to the committees that they are. They have received or commented on that they have interest in. Anytime, I receive something else I will forward it to you and ask about an invitation to a meeting so that the committee can meet potential members for recruitment as well.

Suzie Hessman: Thank you. We could use some help there.

Michelle Rademacher: Yeah.



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Michelle Rademacher: Always, we want to get these committees to their maximum levels. So we are working on that for you and...

Suzie Hessman: Yes, yes.

Michelle Rademacher: anything I can do to help. Just let me know.

01:15:00

Suzie Hessman: Okay, thank you.

Michelle Rademacher: And That's all I have for today.

Discussion, Review, and possible action on Committee Memberships

Suzie Hessman: Thank you. So then our next item is about committee membership because I haven't seen or heard anything, I'm assuming we don't have any potential committee members to discuss.

Michelle Rademacher: Not at this time.

Discussion and Review of Incident Reports and Behavior Plans

Suzie Hessman: All right. Then our last agenda item is discussion and review of incident reports and behavior plans. Is there any? Kin I think you were talking about it before the meeting started. Was there something you wanted to discuss?

Kin Counts: Yes, I do very quickly. So I've been doing this called for emergency review. So I stepped in and I couldn't attend in person because of the timing. So I did, they say, just do online and then ask the questions, so I did. So my question now is that when we send those reviewed with the questions, that we reviewed plans to, let's say the PRC committee, I never get the answers back so I do not know. So it becomes quite redundant. If I just read through and I have questions and then I suspect the meeting is over, I do not know if the plan are being approved or not because my questions are not met. And this has been happening every time when you do, that's why I'm not in favor, especially behavior plans to do online. You review and send in the questions and then that's it. Because then we never know what's going on. So I know you can reduce the number because hey, this plan is done, this one is done, but then that's about it. And even the IOC when I do that, and I have to sign something that I do not know. And I'm not going to put in my signature anymore because I'll be liable. It's a legal thing. Anything happens. I'm liable. So Yeah, so it's something not quite right the way it is because I know I can review 10 plans online but then if my questions are not answered and I don't know if it's been approved or not. then it's redundant, is wasting my time. It's just, getting the numbers reduced, that's all. I mean to me, I mean sorry, I mean no offense but that's how I feel. It's not helping members,...

Suzie Hessman: Right. Right.

Kin Counts: It's not helping at all.



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Suzie Hessman: So I just want to be clear. What you're talking about is reviewing Behavior Treatment plans to try to reduce all the backlog that we have in our system. So they're not the current meetings that are happening, their old ones that have already been approved.

Kin Counts: No, even the new ones. When it's emergent, recently they say, we need a volunteer because we have an emergency need to review. So I would have been a couple of times on this because I can't do the time anymore and so I say I couldn't do the timing. And she said, "Okay then you can do a review, just you know, how Rebecca is just review and then you send in the thing. But questions,..."

Suzie Hessman: Right.

Kin Counts: I've been sending it, for different plans and I never get answers to my questions. So we have answer to them...

Suzie Hessman: Okay.

Kin Counts: but then may not be the answer that I want to hear because my question would be something different that and...

Suzie Hessman: Right.

Kin Counts: no it is, affects the member or not. So yeah.

Suzie Hessman: Right.

Kin Counts: So I just viewed it. No it's redundant and when I do that I'm representing the IOC, I'm not going to sign. So something I do not know because then I'm liable, legally if something happens. So yeah. So it's just

Kin Counts: Something just not right? and every day you keep seeing plans that these members are being reviewed every time, same thing. There is something it's not working and we have to sit together and say, "Hey, what is not working?" Not individually trying to say, "This is my question." "This is your question." That is not how we're going to help the members because it's behavior. Even new plans, sit down, and say is this something that is this going to work? What we have to know is how the member is, the history, what it is like? To say that if this plan is going to work for this member. It's not, you say, she say, I say, and I'll come together. Okay you have question, answer. No, and then you see this person coming back? so,

01:20:00

Suzie Hessman: Yeah.

Kin Counts: I mean, just how I feel this way. I mean it's just hard.

Suzie Hessman: No, I understand. I agree. Michelle.



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Michelle Rademacher: So, Kin has some very valid points, and we don't have anyone here today from PRC, but if you would compose something in writing, I'd be very happy to forward it to PRC, the our chair, and her administrator, to her supervisor, and get some answers back for you.

Kin Counts: I have brought it up before. That's the reason I continue, it's something the committee. I'm so sorry. I mean I love it but I just couldn't do it because. It's just like, okay, and it's approved on the spot. How can approve a plan in a 30 minutes time? you approve. You cannot do that. I don't know. I mean, it's a behavior. Why is there a behavioral plan first place? I mean something we need to work on something for the members so we cannot just go through it and say that okay, question, answer, okay, you know what just we approve. Then we keep coming back. That's why we have so many plans and you can tell they're a lot of repeats, renewals because something is just not working. So we always behind this is so many. Just keep coming in. Yeah.

Suzie Hessman: Aimee.

Aimee Griffith-Johnson: So what, I'm sorry, my camera takes a minute. So rather than just requesting something in writing and sending it to them, can you not just invite them to the next meeting? That way? They can just be in the camera and maybe answer some of these concerns especially and that we may run up against here in the future.

Michelle Rademacher: It's that question for me. I'm sorry, Aimee. Okay.

Aimee Griffith-Johnson: Yes, yes, I addressed Michelle but maybe I was muted. I'm sorry.

Michelle Rademacher: Okay, so yes. They have a standing invitation to the meetings and when I say they, the District PRC chair and the PRC chairs supervisor. However, I will communicate with them after this meeting and let them know there were some questions on the processes. Asking for some specifics and writing, just to make sure I'm communicating correctly and I'm speaking properly on what the committee's looking for and what specific information that would you like to be discussion points at the next meeting on that you like to hear about and know more about to understand where the breakdown is, how the process works, and what happens after a PRC meeting as opposed to what it looks like during a PRC meeting. Because I think what I'm hearing is Kin is saying the

Michelle Rademacher: are piling up and it's a huge revolving door of behavior plans and she's looking for some kind of end point to the behavior plans that are looked at and reviewed and what happens with these behavior plans if they are approved, if they are not approved and getting some feedback from the PRC on members and the status of the members, per the behavior plan review, and the dispositions and everyone getting together, but I'm not certain if I have that correct.

Kin Counts: That is correct.

Michelle Rademacher: Okay.



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Kin Counts: Yeah, you need to know what happens, what is going on, because, yeah, this is obviously not working. That's why it's so behind. They're so behind.

Aimee Griffith-Johnson: And Michelle. It may be, I get to have a standing invitation, maybe giving them a formal invitation so that way they can come and just kind of ease Kin's mind and can maybe walk everybody through that process and what that looks like, I think that would ease the members mind completely. And hopefully be satisfactory from there.

Michelle Rademacher: So let's add this. If I may ask the committee, could we add this as a separate agenda item. I'll draft up some very specific agenda topics on this discussion. And that way, the PRC can be prepared with the information, you're seeking and we'll have that time set aside during the meeting for a nice discussion that would get you the information in the processes that you're looking for.

Kin Counts: That'll be great in person.

Suzie Hessman: Yes, yes.

Michelle Rademacher: Okay.

Kin Counts: Yeah, there's somebody in person.

Michelle Rademacher: Okay.

01:25:00

Aimee Griffith-Johnson: Thank you.

Michelle Rademacher: No.

Suzie Hessman: Okay, anything else that we need to discuss before we adjourn?

Sarah McGovern: I wanted to just bring up real quickly with incident reports. If anybody is unsure about what they are reviewing. Please contact me. I'm happy to go over with you. We have a few categories that are a little bit behind. I do send out those regular notices about reminders about categories, who is reviewing which categories. So if you do have questions, let me know. And then also a reminder to everybody, Michelle did say, she was on vacation for a little bit of time. So if you see a category that you've done, that is still hanging out in the file, it may just be because she was on vacation. So give her a little bit of time to get caught up.

Suzie Hessman: What? She's not supposed to be caught up in one day. I don't understand.

Sarah McGovern: It was supposed to be done yesterday.



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Adjournment

Suzie Hessman: All right, thank you everyone for being on this call. We are formally adjourned. It is 6:27 pm. Our next meeting will be September the sixth, I think.

Suzie Hessman: No, 13th, September 13th at 5 PM on this same station. Thank you, everyone.

Carl Burik: Thank you, everyone. Have a great evening.

Dawn McReynolds UHC OIFA: Thank you.

Suzie Hessman: Thank you.

Teresa Brooks: Moving.

Joan McQuade: See you all later.

Meeting ended after 01:26:50 🙌

Information on the IR reviews

CLOSED Categories:

Death/ Suicide- Suzanne

Human Rights/Other Abuse - Teresa

Emergency Measures- Aimee

Physical Abuse - Kin/Yolanda

Medication Errors- Kin

Neglect - Sarah

DA/All IRs - Beth

Accidental Injury - Rebekah

PRC – Rebekah

None currently- Tonia

For **July IRs**, the Committee members have been loaded in the shared drive **518** incident reports. This included **16** open and **502** closed reports. ATPC had **15** totals with **2** open and **13** closed.

Type	Open	Closed
Accidental Injury	1	77
Consumer Missing	0	6
Deaths	2	2
Emergency Measures	1	6



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Human Rights	1	7
Legal	1	4
Medication Errors	4	35
Neglect	3	32
Other Abuse	1	7
Other Behavior	0	230
Other Hospitalization, Unknown injury	0	90
Physical Abuse	1	5
Property Damage	0	1
Suicide	1	0
TOTALS	16	502

Number of Questions for Quality Assurance Manager: **22**

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

The Program Review Committee (PRC) is being attended to by **unknown**. Reviewed by Rebekah Gigiotti.

Adjournment

Suzie Hessman adjourned the meeting at 6:27pm. The next District East IOC meeting will be held on Wednesday September 13, 2023, at 5:00 pm. The meeting will be a virtual meeting.