



Division of Developmental Disabilities (DDD)
District West Independent Oversight Committee (IOC)
Public Meeting Minutes Summary
Tuesday, August 22, 2023 – 5:30 PM to 7:30 PM

This meeting is being held virtually..

Meeting called to order by **De Freedman**. The date was August 22, 2023, at 5:32 pm. The address of the meeting was Virtual, no physical address.

Attendance in Person: **None - This meeting was virtual only**

Attendance by Google Meets unless noted:

- **Diedra (De) Freedman**
- **Brad Doyle**
- **Bernadine Henderson**
- **Diane Concolino**
- **Crystal Fox**
- **Cynthia Macluskie**

Absent:

- **Pat Thundercloud**
- **Shelly Vinsant**

Public in Attendance:

- **Carrie Nalley**
- **Jaymie Moore**
- **Linda Mecham**

Arizona Department of Administration (ADOA)

- **Larry Allen**

AHCCCS IOC Liaison

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

Healthcare Plan Liaison

- **Summer Kamal** (Mercy Care Behavioral Health Coordinator)
- **Debbie Hillman** (Mercy Care Chief Administrative Officer)
- **Dawn McReynolds** (United HealthCare OIFA Administrator)
- **Ian Wilson** (United HealthCare Member & Veterans Advocate) by phone **75
- **Lori Gantzmilller** (United HealthCare Director of Special Programs)
- **Amy Pawlowski** (United HealthCare Executive Director)

DDD staff and Guests:

- **Zane Ramadan Garcia** (DDD Assistant Director)
- **Leah Gibbs** (DDD Administrator of Office of Individual & Family Affairs)
- **Diane Kress** (DDD District West Quality Manager)
- **Michelle Rademacher** (DDD IOC Liaison)



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District West IOC-Conference Call (2023-08-22 17:31 GMT-7) - Transcript

Attendees

+1 714-***-**75, Amy Pawlowski - UHCCP, Bernadine Henderson, Brad Doyle, Carrie Nalley, Crystal Fox, Cynthia Macluskie, Dawn McReynolds UHC OIFA, Debbie Hillman, Diane Kress, Diedra Freedman, Fredreaka Graham, Jaymie Moore, Joan McQuade, Laurie Ganzermiller (UHCCP), Lawrence Allen, Leah Gibbs, Linda Mecham, Michelle Rademacher, Summer Kamal, Zane Garcia Ramadan

Transcript

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

Michelle Rademacher: Okay, we have...

Diedra Freedman: A quorum. Recording.

Michelle Rademacher: Yeah. Yeah, I would do want to provide notice to all media attendees. The IOCs are on. This meeting is recorded and a transcription is collected as well. The audio from the recording is posted to the ADOA website. The Google transcription of the meeting is used for written meeting notices. You're good to go De.

Call to Order

Diedra Freedman: Okay, I hereby called the Order this regular meeting of the DES DDD District West Independent Oversight Committee. Today's date is August 22nd, 2003. The time by my computer is 5:32. This is a regular meeting of the IOC. It's being held electronically. This meeting is being recorded and the transcript of that recording will be posted on the ADOA/ IOC website. And an effort to avoid excess background noise, and potential microphone feedback, please mute your microphone while you're not speaking. The host of the meeting, that's Michelle, can mute you but then you can unmute yourself when you'd like to speak. You can mute yourself by clicking on the microphone icon at the bottom left corner of your screen or else we're depending upon the platform.



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Conflict of Interest Disclosure Statement

Diedra Freedman: Additionally, I've been asked to read the following statement. Do we have anyone that has to disclose a conflict of interest? If there is, the committee member needs to disclose why? And we'll now have introductions of those present in this meeting. Anybody have a conflict of interest that they have to declare?

Diedra Freedman: Do I need to make each of them say No. Michelle. Okay.

Michelle Rademacher: No that is not necessary.

Welcome and Introductions

Diedra Freedman: Okay, so we're gonna start with the introductions of the IOC members that I can handle, and I'm going to turn it over to Michelle for everybody else to introduce themselves. I'll introduce myself first. My name is Deirdre Freedman. I am the DDD District West IOC chair because I seem to be the one who knows the Roberts Rules of Order. My son, Andy, was a DDD member from the time he was 24 months until his death, a couple years ago, at 19 years of age. And by the way, today would have been Andy's 22nd birthday. So, if anybody is raising the glass tonight, please remember Because I think he's having a great time up in heaven with his grandparents. His grandmother is still here but my mother is still here. His other three grandparents are up there with him. So by profession, I'm a retired New York attorney and a professional compliance officer and I've lost track of how long I've been on the IOC. It's been at least six years. I think. Anyway, Bern.

Bernadine Henderson: *I'm Bernadine Henderson. I'm vice chair. Currently, I am,* I guess I'm going to say retired teacher, I don't think I'm ever going back. I was a special education teacher. I also am a foster parent and volunteer on the Foster Care Review Boards. I have two children on the spectrum. Amaria is 14 and Dorian is 35. I think that's it.

Diedra Freedman: Brad.

Brad Doyle: Hi, I'm Brad Doyle, I've been on the IOC I think about the same length of time as De. My son is 37. He's Curtis, he's been in the system since he was about three and a half. I've been advocating for all this time and I want to give a shout out to the Division of Developmental Disabilities because right now, I'm a elected site leader for my local union in the school district and all the experience filing and processing grievances with the Division of Developmental Disabilities has really helped me with these five grievances that I've got going off in the school district right now as the Union site leader. So, my goodness, the training that you guys give just never seems to stop paying off.

Diedra Freedman: You go, Norma Ray.

00:05:00

Diedra Freedman: Crystal.



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Crystal Fox: My name is Crystal and I am a behavioral health registered nurse. A psychiatric nurse for 35 years. I also have a daughter that has severe autism and epilepsy so she's been a DD member since two and a half. I currently have a son that has schizophrenia. So I've been starting to really delve into the SMI world and I actually gotta pat DDD on the back as well. Not for the same reasons as Brad, but because I'm realizing just how good the DD system is compared to the SMI system. So definitely very far behind. So I think that that's it. I listen on the PRC so I'll be talking a little bit later about some of that stuff, but that's it.

Diedra Freedman: Cynthia.

Cynthia Macluskie: Hi Cynthia. I don't know how long I have been on this committee. It feels like forever. I gotta say, but I'm the president of Autism Society of Greater Phoenix. I'm a licensed health insurance broker. My son was in the system from the age of two to 11. And he is currently a senior at ASU, so we're pretty excited about that and I do have to give a shout out. Leah, I heard from a family today whose child is in the hospital and it's been a horrendous, but the one bright spot was their DDD support coordinator who's made the effort to go to the hospital and advocate for them when they've been having trouble. And so, how I love to complain all the time, but I'm giving you a big shout out because she said that's the only bright spot right now in the whole situation. So, great job kudos to you guys

Diedra Freedman: Okay, and Linda Mecham.

Linda Mecham: Hi, I'm Linda Mecham. I'm a member of the public, in your committee. I'm currently serving as the chair for District Central IOC. And when I was talking to De this morning or this afternoon, she told me what was on your agenda and there are things that are aligning with what we're putting on our agenda as well. So, I thought I might just sit in and hear what everybody has to say, and it's great to be here. I also made the comment, you guys are gonna think I'm an unofficial member of your committee, the way I'm here so often, but thank you for inviting me, and for letting me sit in. Thank you.

Diedra Freedman: Michelle, you want to take it away? I didn't miss anybody, right?

Diedra Freedman: Okay, you want to take it away, please?

Michelle Rademacher: Zane, would you introduce yourself, please?

Zane Garcia Ramadan: Good evening everyone. My name is Zane Garcia Ramadan. I'm the Assistant Director for DDD. Thank you for the opportunity to join you tonight.

Michelle Rademacher: Thank you and Leah.

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

Michelle Rademacher: Thank you, Diane.

Diane Kress: Yes, hi, good evening, Diane Kress. I am the District West Quality Assurance manager.



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Michelle Rademacher: Thank you, Debbie.

Debbie Hillman: Good evening everyone. This is Debbie Hillman. I'm the Chief Administrative Officer at Mercy Care. It's nice to see y'all tonight.

Michelle Rademacher: Thank you, Larry.

Lawrence Allen: Good evening, Larry Allen with Arizona Department of Administration.

Michelle Rademacher: Thank you. Fredreaka.

Fredreaka Graham: Hello everyone. This is Fredreaka Graham with AHCCCS.

Michelle Rademacher: Thank you, Laurie.

Laurie Ganzermiller (UHCCP): Hi there. This is Laurie Ganzermiller. *I'm the Director of Special Programs with United Healthcare Community plan.*

Michelle Rademacher: Thank you, Amy.

Amy Pawlowski - UHCCP: Hi there, Amy Pawlowski. *Executive Director for United HealthCare.*

Michelle Rademacher: Thank you. Summer.

Summer Kamal: Hi Summer Kamal, Behavioral Health Coordinator for Mercy Care.

Michelle Rademacher: Thank you. Did I miss any DDD staff or liaison's?

Dawn McReynolds UHC OIFA: Hi, Michelle. This is Dawn McReynolds from United Healthcare OIFA.

Michelle Rademacher: So sorry Dawn. Thank you.

00:10:00

Michelle Rademacher: And my name is Michelle Rademacher. I'm the DDD IOC Liaison. Also, we have some public in attendance. We have Carrie.

Carrie Nalley: I also, Michelle too work for DDD.

Michelle Rademacher: Thank you, and Jaymie.

Jaymie Moore: Hi, my name is Jaymie. I'm an associate director for a group home in the West Valley, Crossing Paths.

Michelle Rademacher: Thank you. And then I saw a caller on the phone numbers start in 714 last two are 75.



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Laurie Ganzermiller (UHCCP): I believe that's Ian Wilson from United Healthcare. He's our member advocate and he was trying to get off mute, but was unable to.

Michelle Rademacher: Okay, let me see if I can help with that.

Laurie Ganzermiller (UHCCP): Okay.

Michelle Rademacher: I cannot unmute him. If he would try on Star 7, that might work.

Laurie Ganzermiller (UHCCP): Okay. Yeah, we're pinging each other and he says he is trying.

Michelle Rademacher: Okay, he might have to drop off.

Laurie Ganzermiller (UHCCP): After yeah,...

Laurie Ganzermiller (UHCCP): I'm with you.

Michelle Rademacher: And brought back on.

Laurie Ganzermiller (UHCCP): Okay, thank you. Yeah.

Michelle Rademacher: Thank you, though.

Diedra Freedman: As soon as he drops in, we'll have him introduce himself.

Laurie Ganzermiller (UHCCP): Sounds good. Thank you.

Diedra Freedman: Now is the time for the call to the public. So this is when somebody can make a motion, right? Michelle

Michelle Rademacher: Call it public is usually when we have those.

Diedra Freedman: You asked me to wait until the call to the public to have the motion made.

Michelle Rademacher: Okay, let's do the motion and then do the call to public, how's that?

Motion and Vote

Diedra Freedman: Somebody have a motion for me.

Diedra Freedman: Crystal.

Crystal Fox: I motion that Linda Mecham is part of this IOC except for she can't vote something like that.



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Diedra Freedman: Do I have a second?

Brad Doyle: I second that strong wording.

Diedra Freedman: Okay, now everybody has to actually voice vote on the motion.

Diedra Freedman: Bern

Bernadine Henderson: Aye (vocalized in recording)

Diedra Freedman: Brad.

Brad Doyle: Aye (vocalized in recording)

Diedra Freedman: Crystal.

Crystal Fox: I

Diedra Freedman: Cynthia.

Cynthia mMacluskie: Aye (vocalized in recording)

Diedra Freedman: And I'm not allowed to vote, I'm told, because I'm the chair and there's no tie. So Linda, you have all rights of all the other IOC members, except you can't vote.

Call to Public

Diedra Freedman: so, Now, we're ready for the call to the public. I extend a welcome to any member of the public attending this meeting of the DDD District West Independent Oversight Committee. You're invited to make a comment if you wish, but your comment will be limited to three minutes and there will not be a discussion following your comments. Thank you for your adherence to this time. Do you have anybody from the public who wants to make a comment?

Diedra Freedman: Hey, Jamie. Go ahead.

Jaymie Moore: Hi everyone, I would like to be a part of this committee. I am an associate director for a group home on the West side. We serve three members. I'm looking to be a part of this committee to help the members in any way possible. I helped open the business and write the policies and procedures, but they're always seems to be more to learn from DDD and being involved like this seems like it would be helpful for all of the employees' knowledge since I run the business. I also do have a little bit of experience outside of the group home. I am also a reading specialist. I specialize in teaching students with severe dyslexia to read. I travel home to home to teach them. However, I do have on level readers and struggling readers and advanced readers. Also, I serve children from the age of six to 12th grade at their home and I'm also an adjunct faculty at Grand Canyon University and I would hope that my experience would add to this group.



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Diedra Freedman: Michelle, I have a question either for you or Larry. Because she is not only employed by DDD agency, but it sounds like she's a decision maker. Is there a way when we have to discuss anything involving her employer that we can exclude her or do we have to make our non-voting member? I would prefer to just exclude her when it involves her employer but we have to follow the rules. So do you know?

Michelle Rademacher: Off the top of my head, I would say, we need to look at that a little closely as opposed to Non-voting member. I am aware that she would follow the rules of conflict of interest should there be a discussion based on something that would be impactful with her agency involvement?

00:15:00

Diedra Freedman: That would mean not all agencies, but just her specific agency, right? We get away with that.

Michelle Rademacher: Yes. Yes. As far as I'm aware.

Diedra Freedman: Okay. Linda.

Linda Mecham: It's been my understanding over the years that if they are a provider, and work for DDD, that they are not allowed to be on the IOC. That's how we've handled it for years.

Diedra Freedman: Okay.

Linda Mecham: Maybe it's changed, maybe not.

Diedra Freedman: Brad.

Brad Doyle: Yeah, I'm a parent provider. And this came up when we first started up at the committee, it just kind of rolled out. I think I'd been on the committee about six months, what they did was make an exclusion for incident reports that involved. I guess it'd be my client, which would be my son as a parent provider. They made that exclusion, I guess, maybe what De's wonder and it's the same thing. Is there a way that we can just take maybe extra work for Michelle. You have to sort through it all but to exclude anything that would come across, whether it be incident reports, or any discussions, whatever it might be, just like anything else where Jamie would either feel it. I have a conflict of interest or for lack of a better term. Recuse herself. Is there anything? I think this is the word Larry and Michelle are gonna have to get together and find out whether we can get her on as a voting. And I think it's gonna be beyond this meeting. That's just me thinking.

Michelle Rademacher: I agree with that, Brad.

Diedra Freedman: Zane.

Zane Garcia Ramadan: Hello everyone. Sorry sorry, I don't know if this is my place to offer this, but I did hear Jaymie mentioned that the group home that she works for serves three members. Are we sure that those three members are in District West? Is it possible that they're not even in this district and it won't necessarily be an issue of conflict of interest?



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Zane Garcia Ramadan: I mean, obviously we can look into that but that's something also to consider.

Diedra Freedman: I think Jamie said that the group home is actually physically located here. I don't know if they are District West members. so, I just. Jamie, just so that you understand why I'm asking the question. Obviously your credentials are amazing and you would do well in this group. It's my job as chair to make sure we follow the rules. It's nothing personal.

Jaymie Moore: Yeah, no problem. I totally Yeah,...

Diedra Freedman: We're going to have,...

Jaymie Moore: no problem.

Diedra Freedman: we're gonna have the same issue with Carrie who is actually a DDD employee. so who I've been told can only join us as a non-voting member. Brad.

Jaymie Moore: Yeah, No worries.

Brad Doyle: I would just like to say, I forgot I don't know I didn't even say, your credentials are impressive. The fact that you're doing the group home, all of those things. I totally avoided that and went immediately down a different path. It's impressive. I can't tell you how much all of those things mean to me as a parent of a son with severe autism. I really mean to say that to you.

Diedra Freedman: Do we have anybody else from the public who would like to make a statement?

Electroconvulsive Therapy (ECT) for DDD members: The Health Plan Approval Process, The Demographics Receiving ECT

Diedra Freedman: We're on to our first item. Which is Electroconvulsive Therapy for DDD members. The health plan approval we're going to talk about. And the demographics of receiving ECT. Michelle, I'm going to turn it over to you because who's doing the presentation.

Michelle Rademacher: Okay, so Zane has a team here this evening that's going to provide some information.

Michelle Rademacher: Zane, is it okay if I turn it over to you and Debbie?

Zane Garcia Ramadan: Sure, I just wanted to start because there's a lot going on right now with ECT. So I wanted to provide a little bit of context before answering the questions and then open it up to the health plans to provide any additional information that they wanted to share. So, around the same time that the inquiry went out from District West to both of the health plans, around this topic, DDD had also, just around that same exact timeframe issued new guidance to the health plans regarding ECT.



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Zane Garcia Ramadan: And so I felt that I could first share that kind of overarching DDD context and if there is anything else that the health plans wanted to share they're welcome to do that. But first, I know the question was around, what are the demographics of DDD members receiving ECT therapy? I do just want to make clear that there are zero DDD members that are receiving DDD funded ECT therapy. So meaning funds that are going from DDD to the health plans and then the health plans funding ECT, we have zero DDD members that are in that scenario. There may be...

Diedra Freedman: Zane, can I ask you a question regarding that? On that, I'm wondering. I understand that.

Diedra Freedman: Depending on who's interpretation, we're talking about it,...

Zane Garcia Ramadan: Sure.

Diedra Freedman: it may or may not be prohibited by Arizona law. But it is a Medicaid fun Service. yeah,...

Zane Garcia Ramadan: Right.

Diedra Freedman: Have there been any questions of discrimination?

Zane Garcia Ramadan: So let me get there in a second, let me just kind of provide a little bit more information as it relates to that piece of information that I shared where there are zero DDD members receiving DDD funded ECT treatment. We are aware that there may be DDD members that have either their own private insurance or Medicare in which that service could be authorized and DDD is not involved in the funding of that. And we would not be involved in that approval process. That may be the case, but it's outside of, kind of the scope of DDD's approval authority and the DDD Health Plans approval authority. And so what one of the things that we wanted to do, again as I mentioned in July we kind of sent out guidance to the health plans, was to get a sense of are there requests for ECT that are coming to the DDD health plans that are being denied for whatever reason? Whether it's because they're felt that they're not medically necessary or it's felt that to approve, it would go against the Arizona statute that exists. And so, what we've asked beginning at the end of July is that if a request comes into the DDD health plan for ECT for a DDD member, that it be elevated to DDD for second level review. So that we can a, have awareness of how frequently this is occurring and b, make a determination in collaboration with the health plans, if there's some alternative that we can pursue that may achieve the same end goal that the ECT therapy was hoping to achieve for that individual.

Zane Garcia Ramadan: So that's gone into place at the end of July. Since that time, we have not received any requests for second level review. Now to the point that you just mentioned De around the discrimination about it. This is something that I will just say that DDD has looked at very closely over the past year or two. And we do feel that the statute that's currently in existence in Arizona state law, that was developed in 1978, is discriminatory in that, like you said, it's an AHCCCS Medicaid covered benefit, but because of this law, DDD members are not able to receive this treatment as part of their covered health services. And so we are beginning to explore the possibility of amending that...



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Zane Garcia Ramadan: Language around ECT in the next legislative session. And an email went out either yesterday or today, inviting all of the IOC chairs and the IOC if the chairs would like to invite others from their committees, they're welcome to do so, for a meeting in mid September, in which DDD wants to engage with the IOCs to see what a change in language could look like to ensure that the statute is not discriminatory, but at the same time we ensure that those safeguards are in place that the ECT treatment is not being abused or used in an inappropriate way. So, with all of that said,

00:25:00

Zane Garcia Ramadan: when the request came to the health plans to talk on this topic, they rightfully kind of felt like they didn't really have much to share on this because of everything I just mentioned. So they asked if I could kind of address that which I was happy to do, but if there is additional information that either Amy or Debbie or anyone else from the health plan wants to share, please do.

Amy Pawlowski - UHCCP: Amy Pawlowski, *I think that covers it, nothing additional to add.*

Debbie Hillman: Zane, this is Debbie. *I guess I agree. I don't think I have anything to add. I think you explained kinda the current scenario and plans to move forward.*

Diedra Freedman: Cynthia.

Cynthia Macluskie: I want to make sure that I'm understanding. So currently it is a covered service with the health plans but it's not a covered service within DDD. Is that correct?

Zane Garcia Ramadan: It's a covered Medicaid benefit. So AHCCCS covers ECT. However, there's a state law that prohibits the use of DDD funds or support to administer this service.

Cynthia Macluskie: And if so, if they have a developmental disability and they're a member of AHCCCS and you have an AHCCCS plan, they can get that covered service because they're not with DDD. But if they have DDD and Medicaid, then state law says right now, they can't access that service. So I have a couple just follow up questions...

Zane Garcia Ramadan: Correct.

Cynthia Macluskie: if they have a private insurance plan and DDD and ALTCS or do they have access to that service?

Zane Garcia Ramadan: If the private insurance plan is paying for it, then yes, they do. But if the private insurance can't pay for it and would then default that for the DDD health plan to pay for it, right now, that would go against this state statute, but the private insurance can pay for it. It does not conflict with the state law.

Cynthia Macluskie: Okay, and then just one more question because I just want to make sure I got it. so, if I have my private insurance will pay and there's a copay will DDD pick up that copay, or they will not?



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Zane Garcia Ramadan: if it's associated with the ECT then no DDD cannot be involved in funding that.

Cynthia Macluskie: And so if they were an AHCCCS provider, then it would be illegal for them to balance bill, so they would just be eating the cost. Is that right?.

Zane Garcia Ramadan: When you say they're an AHCCCS provider, but not affiliated with DDD.

Cynthia macluskie: So if I'm using my cigna and my mercy care, sorry or united, either one, I'm a DD member and I go to Aurora. And Aurora is actively advertising on their walls,...

Zane Garcia Ramadan: Uh-huh.

Cynthia Macluskie: in their buildings, for ECT and my private insurance says, we'll pay it but you have a thousand dollar deductible. Then the health, then CIGNA pays. Will Mercy Care, United Healthcare, DDD do what they normally do, which is pick up that payment or is that something that now, the provider has to eat?

Zane Garcia Ramadan: I'm not exactly sure to be perfectly honest with you. I don't know if there's some sort of stipulation around the copays not associated with the actual treatment. If that were to be the case, I would assume that it could be covered. But if in any way that copay is tied to the ECT treatment, then the way that our state law reads is that the department. Let me put exactly what it says in here. I'm gonna put it in the chat just for everyone to see, but it basically says that it cannot be supported by the department in which case department is the equivalent of DDD in this case,

*Chat Message: **Zane Garcia Ramadan:** A. No psychosurgery, insulin shock or electroshock treatment or experimental drugs shall be administered by the department to any client, nor shall the department license, approve or support any program or service which uses such treatment or drugs.*

Diedra Freedman: But here's the problem that Cynthia's bringing up. It's in the AHCCCS Registered Provider Agreement and it's also in every AHCCCS MCO Provider contract.

Zane Garcia Ramadan: Right.

Diedra Freedman: For AHCCCS covered services. And this is a service covered by AHCCCS, even though it's not covered by DDD. Providers are not allowed to balance bill AHCCCS members. So, there's a conflict here that obviously hasn't been addressed because you said nobody's receiving the service at this point. What I'm wondering.

00:30:00

Zane Garcia Ramadan: Right.

Diedra Freedman: And back to the agenda is, what exactly is the health plan approval process for ECT?



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Diedra Freedman: And in just a preface that, one of the reasons that we're so concerned, as I've brought up before, is as they like to brag. Number one, pediatric hospital in Arizona does not seem to be very cognizant of the needs of individuals with intellectual and developmental disabilities, especially DDD members. They bragged in February that they just put online eight rooms and they're putting on another eight that lock. Because they're specifically for individuals with autism because it's hard to find employees and it's also very expensive to staff the needs of those individuals. So we're talking about shock treatment and it brings up all kinds of images. I'm sure we're all familiar with Willowbrook from my home state of New York. It's a very slippery slope to Willowbrook. I want to know what kind of safeguards that we have for DDD members, when we have providers, who don't seem to, understand the needs of DDD members and the extra oversight that is needed in their care. So, what's the current procedure right now, for authorization. Do you know?

Amy Pawlowski - UHCCP: Hey De, this is Amy Pawlowski *United Healthcare community plan. I'll take a stab at answering on behalf of my organization. And that is that whenever United Healthcare community receives an authorization for ECT, prior to the direction from DDD*, it would have been a denial due to ARS 36-561. What we are doing because of the new process with DDD, we are not denying at the point. We are stopping the prior authorization requests and rerouting to DDD's clinical team for review. But as they mentioned, we have not had a case. So as it exists, United Healthcare Community Plan is not prior authorizing ECT for DD.

Diedra Freedman: Thanks. Do you use the same procedure Debbie?

Debbie Hillman: Yeah, it's the same since they asked for the review, that's kind of what we're, not kind of, but that's the procedure in place right now. But prior to that, *a similar process*.

Diedra Freedman: I just, Amy and Debbie weren't here last month, but I'm sure that you heard from Dawn and you heard, I don't remember if it was Summer or if it was Janet Holtz who attended the meeting, but we did discuss ECT and we discussed our concerns. We also talked about how medicine has advanced and how for some individuals this may be a helpful, necessary treatment. But everybody, at least on District West, I think I speak for all of us when we say, we want to proceed very cautiously on this issue and we want to make sure that DDD members are fully protected. And given what's going on right now with psychiatric care available to DDD members, we're not completely reassured that just opening the gates to ECT will protect our members. Crystal.

Crystal Fox: Thank you, I have a question. I just went through a whole transition of care with my daughter, Tia, because she turned 21. So she was not allowed. We had to go through a different process for physical therapy, for vision, for dental, for all of that stuff. Is there a way in DDD? And so, it goes back to the insurance. So it's like the old fashioned private insurance where she has to get prior authorization. She has a limit on her dental care. She has no physical therapy. Yeah.

Chat Message: *Cynthia Macluskie: EPSDT only applies to 20 and under which is why you have dental, vision, and hearing changing.*



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Diedra Freedman: This doesn't involve ECT right? okay. Thanks.

Crystal Fox: Yes, it does. So at 21, *if the insurance plans cover ECT, why at 21* can't DDD just let that be the insurance companies cover it? Why does DDD have oversight over that?

Amy Pawlowski - UHCCP: Zane, you're on mute.

Zane Garcia Ramadan: The reason is because in the scenario you just described, most DDD members when they turn 21, they still have the DDD health plan as their health insurance, which is funded by DDD. So we still run into that same issue of, it would be the Department or Division funding that ECT, whether it's prior to age 21 or after age 21.

Crystal Fox: Okay.

Diedra Freedman: Any other questions? Cynthia.

Cynthia Macluskie: I have another one. So how sure are we that nobody with DDD has used the service? And I asked that because 50% of our families do have private insurance. And so I'm just wondering if that's something that's been tracked by the health plans or DDD because I have heard from a couple families who are pursuing that service. So I'm just wondering, it can't be the first time that families have thought about that service, especially for catatonia. So are you guys sure that it hasn't been provided service before?

Zane Garcia Ramadan: So just to be clear, I'm referring to ECT treatment that's funded by the DDD health plan. So if there are instances in which a DDD member received ECT treatment, whether it be through their private insurance, through Medicare, some other insurance payer, that's not DDD that very well could be happening, but it's not under the purview of DDD's funding in which case, it's not outlawed by the state.

Chat Message: *Linda Mecham: Zane, when you refer to DDD health vs AHCCCS, are you referring to those members who are AZ State only, vs. ALTCHS members?*

Diedra Freedman: Linda.

Linda Mecham: Zane, I just have a clarification question. I wrote it in the chat, but I'm wondering, when you say DDD funded, are you referring to those that are qualified, only under the Arizona State and not ALTCS? or are you referring to ALTCS funded?

Zane Garcia Ramadan: I'm referring to. Yes, and it would be DDD ALTCS members who get their physical and behavioral health services through one of the DDD health plans.

Cynthia Macluskie: But if they were DDD targeted, and they had Medicaid, then does it apply to them?

Zane Garcia Ramadan: Yes, it would because even though they're DDD targeted, that funding is still being passed through from AHCCCS to DDD to the individual and we're supporting that member.



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Linda Mecham: I thought Leah told us that. And correct me Leah, if I'm wrong. They could get this, that it wasn't against that law.

Leah Gibbs: DDD members. That DDD is funding their health plan is where we rub up against the statute. Because the funding is through DDD to the health plans.

Linda Mecham: Okay, I thought that's what I understood originally and then in our statewide, I was corrected, if you remember. So I thought if they're ALTCS, it was okay. But if I don't know, it's confusing. If they were DD, then it wasn't okay. You know what, I'm referring to the DD Arizona state. Those that are DD only. That haven't qualified for ALTCS. Thank you.

Leah Gibbs: Okay, so okay, we have two groups there. We have individuals that we call DDD only and they do not have an AHCCCS health plan. They're not Medicaid eligible but they're DD eligible. Okay, that would be much harder for us to be aware of...

Linda Mecham: Yes.

Leah Gibbs: because they would have a private health plan. We would not be funding.

00:40:00

Leah Gibbs: That makes sense.

Linda Mecham: Yeah, and that was my question. Are we talking? Arizona State funding versus ALTCS.

Zane Garcia Ramadan: And just to make it a little bit more complicated. It's not exactly that black and white because we do have individuals that do have an ALTCS DDD health plan, but then also have an additional, private insurance in addition to that. So they could be an ALTCS member with the DDD health plan and get their ECT funded through a different source that's not the DDD health plan.

Linda Mecham: Right.

Amy Pawlowski - UHCCP: And to be clear to, in those instances, the DDD health plans would have no line of sight because we didn't fund any of those services. *DDD didn't fund any of those services.* So we're not being asked for prior auth,, we're not paying any claims, it's out of our purview. It's the member exercising their right to use their other health coverage.

Leah Gibbs: All of it kind of circling back around to we're looking forward to the opportunity to work together to look at the language and put the safeguards in place to potentially make this available when it's medically necessary.

Chat Message: [Linda Mecham: What safeguards are you thinking of implementing?](#)

Linda Mecham: Thank you.

Diedra Freedman: Cynthia.



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Cynthia Macluskie: So I think I have the unusual point of view in this committee that I think it's an important service that has to be covered. Because there's really only two treatments for catatonia. And this is one of them and there are families with children and adults that do have autistic catatonia and are going to need this choice. But I appreciate the other members of our committee and their concerns about it being misused. And I will tell you that I was advised by a family, and she's a forensic psychologist and her son was in Aurora.

Cynthia Macluskie: And there were signs advertising ECT to the members and her son, having been in Aurora for a few days, told his mom that it's the service that he needs and he wanted. So I am very concerned about providers and how they're going to do this. And I'm very concerned about the health plans and prior authorization, and the supervision of providers, and making sure that our members are getting it when they need it but it's not being abused and it's not being marketed to them because that's extremely inappropriate and I have reported it. So I hope that provider who was doing that and it wasn't Aurora that was advertising. It was advertised by someone else, but that we're really watching this very closely as we pursue this line.

Diedra Freedman: Any other questions? and I think Bern Henderson, I haven't asked her and she can speak up if she disagrees with me, But I think District West would like to make the meeting with Zane available to all District West IOC members? At least I would like to. Do you agree with me, Bern?

Bernadine Henderson: Yes, I do.

Diedra Freedman: Okay, so Michelle, can you please send them all the email from Zane so that they're all invited?

Michelle Rademacher: Yes, I will do that. I would like to wait, if the committee is an agreement, until we have an agreed upon date and time. Right now that hasn't been completely settled or confirmed.

Diedra Freedman: Yeah, that makes the most sense. I mean, as it is Zane is trying to juggle.

Michelle Rademacher: Okay.

Diedra Freedman: I don't know how many schedules. so, As far as I'm concerned Zane, you're not going to hear from me. Just set the meeting and I'll make sure I'm there. So, Okay, are we ready to move on?

Program Review Committee (PRC) Discussion

1. Discussion about restraints being mandatory to be reported to DDD from all facilities including behavioral health, dental , educational facilities etc... eg. A dentist utilized a papoose.



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2. Discussion regarding medication reviews by the various contractors of DDD all being consistent. eg. Medication reviews that are not written to be conducive to life.

3. DDD Behavioral health concerns for SMI, ACT teams discussion what we can do to make improvements. example: Member was discontinued from ACT related to his inappropriate behaviors.

4. Communication devices and tools in group homes for caring for members with communication difficulties. Example: Doctor who would not write an order for a member.

Diedra Freedman: The next topic is. Program Review Committee. Crystal has been doing PRC. Thank you, Crystal. It's a very difficult job. I noticed Michelle, and I apologize to you because I approved. One of the things on here, that is not on here is an update from the Statewide IOC meeting last month. We talked about the subject that this committee talked about in May. We're very concerned about DDD files being accurate and being consistent. And especially in regards to the PRC. So we're talking about the behavior plans matching up with the Person Center Plans. Linda has brought it to the attention of DDD. It was discussed widely at the statewide meeting. I know Linda's working with Cindy Treadwell trying to get resolution. I was emphatic about the importance of making sure that DDD files are accurate, period. And I'm not talking about spelling errors. I'm talking about the information should be current. We live in the 21st century, we all have computers, there's no excuse, but anyway. Since Crystal is spending her time on PRC, until the files are accurate, I refuse to attend PRC meetings and participate in the PRC. We're going to let Crystal take it away and talk to us about the things that she thinks are important. You all receive materials from Crystal earlier. Hopefully, you had a chance to review. So Crystal, the floor is yours and I'm just going to turn off my mic here and you can respond to questions on your own. Unless you were to take them at the end.

Crystal Fox: Okay.

Diedra Freedman: So you lead the discussion.

Crystal Fox: Yeah, the first four things that's on the agenda is really just for-your information. In the PRC, there was a couple of kind of big incidents is one of them that they were one of the clients who is terrified of the dentist who has major dental issues and they can't get them to go. The last time he went, they put him in a papoose. So basically a restraint without any other interventions attempted. So they raised that up in PRC. So we're going to see how the future PRCs go. But because I was concerned about restraints and other facilities that then DDD doesn't get told about or there, wasn't it, the person has a guardian and even the Guardian didn't know. So I was concerned about that. We elevated that up and talked to them about it. I'm going to skip the Med reviews because we're going to talk about that. So one of the ACT teams, and they elevated this up, too. So again, I think IOC is okay but one of the ACT teams refused to see a patient because their behaviors were too bad. So again, it had to do with, I want to say, I think it was sexual but again they should have brought in a male so we elevated that up as well in IOC. Go ahead De.

Diedra Freedman: Yes Crystal, if you can just explain for everybody, what an ACT team is.



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Crystal Fox: An ACT team is a behavioral health team. They have wraparound services. It's for SMI members. So these are some of our sickest members that are both developmentally disabled and have a serious mental illness. Most of the time schizophrenia or bipolar, so they can have a lot of behavioral issues on top of the behavioral issues that they have from being developmentally disabled. So they're the people that need the ACT teams and the coaches and the support more than anybody else. So to just have kind of that team walk out on the home, it was bad for all of us that we saw. So that got elevated up as well. And so we'll see how the next PRC goes with that member.

Crystal Fox: And then a lot of the patients don't have communication or clients, don't have communication devices. So, we bring that up a lot. But this particular one person had a, the Guardian was on the line. They were doing everything they could to get the member a communication device. They were, I think, 36 or 37 years old. And the doctor said that they could not get a communication device because they were too old and it would be better served for our younger members. So that also got elevated up and it kind of excited to see that. Hopefully, that changed that because again, that's age discrimination. So you can't not give somebody communication just because they're 36. Cynthia, did you have a question?

00:50:00

Crystal Fox: Are you on mute?

Summer Kamal: Hi Crystal. This is summer from Mercy Care. I just want to quickly add, If this is a Mercy Care member, Could you possibly have the team or yourself? Send it over to me so that we could look into it?

Crystal Fox: Yeah, if these things don't get resolved. Again, I just kind of want to keep people informed. I'd like to give the PRC a chance to resolve them, but again, they were just highly concerning to me that I wanted at least bring them up. That people knew that it was going on. Cynthia. Did you have a question?

Summer Kamal: And look.

Crystal Fox: Go ahead Summer.

Summer Kamal: I'm sorry Crystal just to quickly add with situations like that. Definitely direct it to the health plan. Whether it's my folks here at Mercy Care or one of the individuals over United so that we can look into it. Sometimes that may need to just provider education around the outcome device especially with the switch over to health plan. Even so that could have been a complete misunderstanding but we're happy to reach out and then with the ACT team, just kind of see what happened. And we do that with some of our members who there may be some concerns, just reaching out to their leadership and seeing what happened and what we can do to help in the future.

Crystal Fox: Okay, I will do that. I will figure out how to again, I'm kind of new at this, but I'll figure out how to get a hold of mercy care. Find out who they're plan is and tag you guys in.



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Cynthia macluskie: Crystal, I could not be more excited to have you doing this and I just want to thank you so much, and I really appreciate it and especially love that you're noticing that people are not having aug com devices, and I think that's an important gap that's probably existed for a long time. That maybe because of the transition, and everything, it just got missed, but we definitely need to make sure that we're keeping track of that and can I ask you too, if you could track or if you notice that we see behavior plans and there's not medical evaluations? I'm very concerned about the behavioral health system treating behaviors as behaviors first, without making sure that there isn't some kind of medical issue that's causing the behavior. And I'm noticing those with the most behaviors are the ones that have trouble accessing healthcare. *Because providers don't want to see them. so they don't actually get healthcare. So anyways, that is a concern of mine. I don't know if you have seen any of them. I'd love it if you keep your eyes open for it.*

Crystal Fox: And thank you, Cynthia. We did see it today. I did PRC today and we had a really difficult plan that we read that the kid was only 18 and had a diagnosis of schizophrenia and Autism, and some intellectual disability. And we actually sent that plan back because of all the rights restrictions and all the issues with that plan. And probably not enough medical oversight and medications just and young and a guardian, so transitioning. So, I've been watching for that stuff. So thank you. Linda.

Summer Kamal: And one more thing Crystal. sorry...

Crystal Fox: Go ahead Summer.

Summer Kamal: From my apologies, one more thing to add: we continue to have our care management team. They are short-term, they don't replace the support coordinator or the case manager from the clinic but they can help with kind of tying what and just Cynthia just mentioned into that integrated care plan or health integrated, whole of, "Let's look at the physical side. Let's look at the Health side. Is there, are the providers having challenges with navigating the system?" And helping the team with that process and sometimes pulling me in if there are some more severe challenges, but we're always here happy to help but anyone can refer to care management. So please utilize that as a resource as well.

00:55:00

Crystal Fox: All right, do you guys ever sit in on the PRC meetings? I know, I had Mercy Care sitting in on a meeting that I just had with a case manager. Ever if you're asked to, can you sit in on a meeting, if it's complex?

Summer Kamal: I haven't been invited to one previously. I don't think it's an issue. I'm not sure. I can always ask Mary DeCarlo and her team.

Crystal Fox: Okay.

Chat Message: *Dawn McReynolds UHC OIFA: Crystal, for UHC as Summer mentioned included the appropriate health plan can help. You can send the information through OIFA or our Member Advocate; our emails are: Wilson, Ian W ian.w.wilson@uhc.com & Dawn_McReynolds@uhc.com*



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Crystal Fox: I can ask Amy as well and see if that's ever been done. Because it was really helpful for me to have Mercy Care when I met with my case manager. It might be helpful to get some wrap-around services for some of these members that are turning 18, 19, and leaving their home, and then going into a group home, so. Thank you.

Summer Kamal: Thank you, Crystal.

Crystal Fox: All right, Linda or De. Linda.

Linda Mecham: So I sit on our PRC quite a bit and I've noticed the same things that you brought up with regards to Summer's comment and the aug com device. And referring that to the health plans. Correct me if I'm wrong, but our comments go back to behavioral health and the plans that we get are redacted first of all. So the information that we have is limited and she would not be able to see what it is or who the individual is from our plan, but it I would probably, think need to be part of the disposition sheet, where we are, requesting that the plan be forwarded to the health plans and not just behavioral health in order for they'll plans to get that information.

Crystal Fox: Good idea, Linda.

Linda Mecham: Okay. Thank you.

Crystal Fox: Thank you. All right, De.

Diedra Freedman: Crystal. I've actually got one better for you. Since either usually Summer or Janet from Mercy Care, attend our IOC meeting every month. And Dawn McReynolds *from United attends our IOC meeting every month. If you send an email to them with the redaction information you have*, CC obviously, Michelle. Tell them what the issue is. They can contact the appropriate people at DDD, get the information unredacted, that can find out which health plan that the individual belongs to and they can make sure that the health plan intervenes rather than going through five layers of red tape. I just want it on the record. I want it really clear, Zane's still on with us. The health plans have been amazing in responding whenever we have had concerns. I don't know if Debbie Hillman, and Amy Pawlowski *are still on the call, but Summer, Janet, Dawn and everybody else from the health plans who has routinely attended our District West IOC meetings have bent over backward to help and help immediately. So I have their email addresses. I will share them with you. You just let them know the date of the PRC meeting.* Let them know the name. and like I said, CC Michelle. And they can contact Michelle and she can figure out what the DDD bureaucracy. How to get them and Leah. And they'll make sure that they get that information. It's amazing what OIFA's can do when they work together and they work together all the time.

Crystal Fox: Okay.



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Crystal Fox: And that's not a HIPAA violation to send stuff to Michelle for her to see? She can see what's redacted,...

Diedra Freedman: No, because you're. You're sending redacted information.

Crystal Fox: okay? All right.

Diedra Freedman: So, there's no way to tell who the individual is.

Crystal Fox: All right.

Diedra Freedman: And especially...

Crystal Fox: All right.

Diedra Freedman: if you send it VPN. then you're fine with HIPAA. Says the certified,...

Crystal Fox: Okay.

Diedra Freedman: professional compliance officer.

Crystal Fox: Okay.

01:00:00

Crystal Fox: Carrie.

Carrie Nalley: Just a circle back to Crystal's information about the aug com. We also do need to find out, which is also another huge issue with DDD, when they become broken or the software goes down. It seems to be more of the company that the all-com device was sent to, how long the repair is taking. Because sometimes it is taking quite a while and that member is without an aug-com device, and it would be nice if they would give members loaner devices or something of that nature. Or at least give the parent or the guardian a timeline of how long the device, they're gonna be without it. Because like you said, that's the only form of communication that those members have, and if it's sent to be repaired and it takes six to eight weeks, they're out with no communication for that amount of time. And that's not fair to the member At all. So that should also be able somehow to be tracked. I don't know if anybody is doing that. As well.

Carrie Nalley: To see. You...

Summer Kamal: My

Carrie Nalley: maybe have more issues with one company than another maybe.



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Summer Kamal: Hi, this is Summer, I support more on the behavioral health plan, but I'll definitely bring that back to Janet, who helps with the AAC devices, and see what is currently in place. I know a lot of our devices would go through Med One for review, if they're not working or they need them to be fixed, but I can definitely follow up.

Discussion on Improving Medication Transcription Errors and Medication Administration Errors

Crystal Fox: Okay, and then the last big one. So what you guys ended up receiving was, not only are we having trouble with DDD but we're having trouble. I was also asked with a mental health group with medication lists being the same from the pcsp, the behavior plan and what the doctor writes. And so part of the issue again, I'm a nurse. So part of the issue is I went to school for a long time to learn how to transcribe medications and learn how to transcribe them correctly so that there's no errors made.

Crystal Fox: The people that are besides the doctor, initially, the people who are transcribing these orders are case managers or providers in group homes, they often don't know what they're giving the client. They don't know what the side effects are. They don't know any special considerations like even with the trazodone that they need sleep charts. And so I made up a medication list and what I'd already do know that I forgot is that on the pcsp, is that they have what Doctor prescribed it. So I would have to change one of the lines already but I wondered. I would like to come up with a way to make all the medication lists the same.

Crystal Fox: So that every single place in the plan looks exactly the same instead of having them be all different. And I also, would suggest even for PRC is that they add the medical meds because I know again people don't think that the medical meds are important. But if on their antecedent behaviors or again I'm not a behavior plan person, but if it says that constipation or wetting themselves is an issue and then they don't have that they take Colace or something for constipation or that they're tracking their bowel movements, Again, the medical meds can be important as well.

Crystal Fox: So, That's. What I wanted to do is, at least for the group, if you guys are interested in continuing with this discussion and I'll fine-tune the paper and then see if we want to agree to give it to DDD and see if they can somehow. I think the easy part will be the behavior plan and the pcsp but the difficult part will be getting agencies or doctors to use the electronic form or the form and it would be a process to get it out to them.

Crystal Fox: So just to kind of limit medication errors. I've reviewed a lot of plans and statistically you would think at least one of them would be correct. somebody would accidentally make the plans correct. Just out of all the plans,...

01:05:00

Crystal Fox: I've read, one of them would be correct, but statistically, not even any of them are correct. Even the ones I've reviewed more than once. They're still not correct. And it's not little mistakes. A lot of times, it's



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not like, they didn't put the right dosage or that, I mean, it's sometimes they write down non-life sustaining medication doses. And so again it is concerning.

Diedra Freedman: Crystal, can you explain to us? Non-life sustaining is kind of a medical term. spell it out in plain English what non-life sustaining means

Crystal Fox: I think it was clonazepam, I think it was probably two milligrams, but I think they had put 20. And so again, you can't live taking 20 milligrams of clonazepam. also on one of them, they were giving a liquid depakote and you can get a bottle of liquid depakote and it can be 250 milligrams per milliliter or it can be 500 milligrams per milliliter or five milliliters, whatever it is, but they didn't have the dosage so you're given 10 milliliters but you could be giving the wrong milligrams. Again there's almost too many to count. They did Geodon one time at eight milligrams. It's probably 80. Again. A lot of them are typing errors because they're not medical providers, I wouldn't expect them to know these things. That's why I actually think it should be electronic for one thing, but there's got to be some way that we can make these consistent starting with the doctor. I thought it would be a good idea to add an increase or decrease so we know especially with the behavior plans, is any of these having an effect on the client? Sometimes side effects like certain meds clozaril or depakote might need labs, to add that in a special instructions. Again I'm open to other ideas, too. With other behavior plan writers. And go ahead, Cynthia.

Cynthia Macluskie: Sorry, I'm jumping in front of Linda, I'm sorry, but I just wanted to make sure everybody on this committee is aware that when we were running legislation regarding group homes in the last couple years. The providers have worked very hard to advocate that they should not have to do incident reports anymore for medications because it's not a big deal. And they think it should be tracked differently and should be viewed as a less severe issue. But as you just pointed out, these medical, these medication errors can be life threatening. And so, I think that as IOC members, we really need to keep our eyes open on legislation every year because providers want to reduce the tracking of med errors. That's all I have to say.

Crystal Fox: Yeah, and there's no way to actually know what med errors are occurring because unless the incident report or something's done. But I know that the transcription errors are just horrible. And again, there's been times I've gotten med lists that, even as a nurse, I wouldn't even be able to give meds. I wouldn't even be able to read it enough in.

Cynthia Macluskie: That's important, Because if it's not even transcribed correctly, how do you know they're even getting the right just to begin with?

Crystal Fox: And then what if that person, let's say they have a seizure and they end up in the hospital. Now, you're giving the med list to maybe a doctor, you're letting and you don't even have the right medications down. That's what's happening with behavioral health, is they're. I mean, again, we might have it at the pharmacy or something where they can look it up. But somebody else? What if they have respite or what if they have a new provider or what if they go to a hospital and you don't have an accurate med list to give to them? You could give twice the amount of medicine which is happening a lot with SMI. And again, the only reason why we don't know what's happening with DDD is because nobody's talking about it.



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Crystal Fox: So, go ahead Linda

01:10:00

Linda Mecham: So De if you don't mind, and if this is the appropriate time, I could talk a little bit about what we talked about at Statewide with regards to the PCSP and the results of that meeting that we had?

Diedra Freedman: Linda, I would love it. Thank you.

Linda Mecham: So in our PRC, and like I said, I do it quite a bit. Our PRC chair, Patricia Sandino and I prepared 14. BTPs/ PCSPs because it's one document. And Patricia actually highlighted the areas that we were talking about as far as mistakes or inconsistencies between the two documents. And when we got to the statewide we were told that there was nothing wrong with that. They could not find anything wrong with these plans but that they would talk to us a little bit, have a meeting with us. So I had a meeting with three DD individuals. And at the end of the meeting, we came up with the issues that I was concerned about. And the first one is first of all, as De has said, the inconsistencies between the two documents, it cannot be because as Crystal has said, these are two documents and they need to agree first of all, and the medication is huge to have those two medication lists in agreement. One thing about, in the BTP, it specifically says "List only the psychotropic medications", so that would need to be changed on the BTP format where it would list All medications, not just like a psychotropic. I agree with you completely that there are interfering Medications that could affect the pain, for example, they could be having pain, which is causing the behavior.

Linda Mecham: The different medications can also, that are not necessarily psychotropic, but are for seizure only, they could also be affecting the behavior. There's all kinds of things and that all needs to be in there. I agree with that, with you. But in generally, the piece, the BTP is pretty complete. Our issues came primarily with the PCSP not being completed. In particular Section 1, which is the Responsible Person Contact Information, it's not generally not completed. That's where you have the rep payee or the Guardian, or POA or decision maker and that's generally left blank.

Linda Mecham: Section 2 is the member profile and it's a brief historical background. It needs to reflect what's in the behavior plan. Also Section 5 that HAB goals and strategies need to be documented in previous ISPs. That was where the steps for the goal to be completed were included and then who will do it, who will assist the member. I spoke with the DDD supervisor about this in one of our meetings and she said that it is specifically for the barriers that need to be removed in order for the member to have success in completing the goals and who will remove those barriers.

Linda Mecham: Irregardless, it should never be left blank and it generally is left blank. Also Section 10, the rights restrictions, we very frequently see rights restrictions in the BTP. However, they are not listed in the PCSP. And so, they need to be listed under this Section 10 in the rights restriction. And then the medications need to align as Crystal has said in both the BTP and the PCSP. There's a spending plan that needs to be completed and included because it is supposed to be there for anyone who resides in a funded facility. And then, quite frequently, we see that there are no signatures and dates on the PCSP which would not indicate a team agreement.



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Linda Mecham: So often I see, “member unable to sign”, when the member is not even the legal guardian. So, those are the things that I discussed in this meeting with the DDD individuals, and Hopefully we'll be able to have some good training on that, but that's what we have come up with. Thank you, De.

Michelle Rademacher: I just wanted to make the cautionary comment to the committee. Discussion on the PCSP is not included in our agenda tonight. Discussion on improving medication transcription errors and medication administration errors is and I know that medication reviews of DDD being consistent was also on the agenda. So I just wanted to caution, any discussion on the PCSP is not on the agenda tonight.

Diedra Freedman: It actually is on the agenda, Michelle. This is Crystal's Program Review Committee Discussion. Because the Program Review Committee reviews both behavior treatment plans, and PCSPs because they're integral for the work that the PRC does. As far as I'm concerned, it's covered. But does anybody else have anything else to add to this topic?

Crystal Fox: The only final thing that I have is I wanted to know from the committee. Do you want me to continue with researching and trying to make a good medication, a good medication document and find out more about any issues that it would have? Do we need to add the doctor? Do you want me to continue with this little project that I've been doing in order just to again, DDD can do with it what they want, but in order to turn something in that would give the medication the dosage, the doctor, the side effects, and the. As well as maybe any special considerations. You guys want me to continue with that?

Bernadine Henderson: So here's my thought, before you do this huge amount of work, is DDD receptive of maybe incorporating that into their practice? *Because I don't want you to do a bunch of work and DDD goes, “well we never asked for that” or “we don't think that's a good idea”.*

Zane Garcia Ramadan: No, I think that was a good suggestion and kind of the path that I was thinking as well. I think that what you're suggesting would be beneficial to the Division. I do know that over the past, I want to say, two to three years, there's, and I'm not too closely involved so I don't know for sure what the end product was, but I know that our clinical team was looking at updating some of those medication and administration documentation. So what I was thinking is if I could, go back, try to pinpoint exactly who on our team was working on that and then maybe connect them with you Crystal and you guys could put your heads together and we can see where it goes from there because I would agree. I don't want you to work on all this stuff.

Crystal Fox: Yeah. Yeah and...

Zane Garcia Ramadan: It may be something's already in the works, you know what I mean?

Crystal Fox: It makes a lot more sense to me to work with a DDD member on this because it would be a little while to get going and implement and I'd rather make something beneficial out of it for you guys. And for the patient,...

Zane Garcia Ramadan: Great.



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Crystal Fox: really? It's for the patient's safety. Again, as a nurse, that's just what we do, medication and making sure that it's correct. And making sure it's right and try not to kill anybody in the process. So And I think that's the end of mine.

Diedra Freedman: Anybody have anything further to add before we move on to the next item? Cynthia.

Cynthia Macluskie: Crystal, thank you so much for everything that you're doing with this, and I just really appreciate it. And I hope that DDD will be open to doing something *because sometimes new fresh eyes will provide new and better information. Thank you for that.*

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Crystal Fox: Thank Yeah, it's that Zane as well, part of, it's that. I've been a nurse since the 1980s. So it was before electronic records. So I used to have to transcribe orders. I used to have to second check them and I used to have to third check them. So if you want somebody that can really help you correctly, write an order. That person is me. Because I've done it for literally 35 years. So, But I'm not a doctor.

Zane Garcia Ramadan: Fantastic.

Crystal Fox: So I'd love to help if you can find that person. Thank you.

Diedra Freedman: Okay, and before we move on to the next item, I just want to remind the committee. That our job is to advise DDD whether they want our advice or not. So, if we choose to move on with the project, and give them our advice. And remember everything we do is on the record and I'm told that that record is paid attention to especially by legislators. We're free to do that. We're an independent oversight committee. So if there's ever anything in the future that we choose to go ahead with the DDD may not agree with us on. We're still free to go ahead with that. So, the next issue is, Policy notification and review and discussion.

Policy Notification Review and Discussion

Diedra Freedman: We're all receiving those policy notifications, does anybody have anything that they want to discuss?

Diedra Freedman: Okay, then we're ready for the Next item, which is the DDD staff updates. Michelle, you want to take it away for us?

DDD Staff updates

Michelle Rademacher: Sure, I'd be happy to do that. One moment. So I know Zane, you were here tonight for participation on the discussion. Did you prepare an update tonight? I didn't want to leave you out if you did.



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Zane Garcia Ramadan: I did not but let me just provide one update that I think is relevant to the previous discussion and I may have mentioned this in the previous. Statewide meeting. I can't recall, but First of all, I very much appreciate what Crystal was sharing in terms of documentation? What Linda's been bringing forward. De, you're the concerns you shared around the documentation challenges. Some of the inaccuracies etc. One of the things that we are instituting at DDD where we've established a brand new unit within our Support Coordination administration which we're calling the Support Coordination Operations Unit. And we're going to have 10 staff in that unit. Who's job is going to be among many things, but one of their areas of focus is going to be reviewing documentation across the state to identify where there's gaps, inconsistencies and where those exist, reaching out to supervisors and others to provide that technical assistance around how the documentation can be improved, etc. So I think a lot of what you all are bringing forward recently. Is something that will be able to use in the initial stages of this unit rolling out as we begin to look into case files and identify where there may be challenges in terms of documentation. We've hired the manager and the supervisors of that unit and we actually have 10 staff that are starting on September 4th. So obviously there's going to be some training that goes into that. But we're hopeful that as we get into late 2023, early 2024, we will have a team that's able to look, at scale, into these issues and challenges that are brought to our attention through forums, just like this.

Diedra Freedman: Cynthia.

Cynthia Macluskie: Zane, I appreciate you being here tonight. I just kind of along that line. I had a couple of questions. And you might be the only person who could answer them actually.

Zane Garcia Ramadan: Okay.

Cynthia Macluskie: So regarding data and data that you guys are collecting and data, that's given to the IOCs. We had heard. And you guys can correct me if I'm wrong, that there were three, IDD members in ASH.

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Cynthia Macluskie: And I was recently at a meeting where I was told there was seven IDD members in ASH. And so I'm trying to figure out why the numbers are different. And so I had a couple questions, could it be that their IDD members but they don't have DDD or how is that information tracked and reported to us because the numbers don't match and that concerns me. And then if you're delivering services inside of ASH, which I'm not sure if you guys do that or not. So they're a DDD member and they're in ASH. Are you delivering services there? And then is that there's three or do you see what I'm saying?

Zane Garcia Ramadan: It does make sense.

Cynthia Macluskie: Does that make sense?



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Zane Garcia Ramadan: Unfortunately, when you said that, I might be the only person that can answer that. I think you might be mistaken because I don't have great insight into what's happening in that area. I will say, I had heard a similar number that you had heard, I'm very surprised to hear that number seven. I don't know where that came from. It's individuals that have developmental disabilities that are not DDD members, but I am not aware of that number seven. So, I don't know where that came from. It's also, unfortunately, not something that you can talk about too openly when you are talking about such a small number of individuals, you do kind of get into that HIPAA challenge. So I don't have a lot to share on that off the top of my head without looking into it a little more closely.

Cynthia Macluskie: And Linda, I'll let you go in just one second. To follow up on that, it dawned on me because this happens a lot. I'll be in a school, doing a Be Safe event. And half, the children that are participating in the event, don't have DDD and never heard of DDD. And I can, a hundred percent, tell you they would qualify for DDD had someone bothered to tell them. So when we're thinking that the number three has DDD and then maybe the other four do not, do we ever do any kind of advocacy work to see where maybe we dropped a ball and these members should be added to DDD ALTCS? What happens with that? Because I heard from an attorney that represents people in ASH. So she was very firm with the number being seven.

Zane Garcia Ramadan: In terms of the advocacy. Leah can probably talk a little bit more about that on the community outreach side. Obviously, we're getting out into the community explaining what DDD services are. Again, I don't know exactly the dynamics of ASH and what's being communicated there in terms of DDD eligibility. So I don't really know the answer to that but, to the extent possible, we're always trying to get the word out about DDD through our outreach efforts.

Cynthia Macluskie: And then the three members in ASH, they can't get ECT. Correct.

Zane Garcia Ramadan: Again, I don't know their circumstances...

Cynthia Macluskie: But they're DDD members,...

Zane Garcia Ramadan: but if

cynthia macluskie: then they have,

Zane Garcia Ramadan: if they're DDD members we're going back to the beginning of the conversation. If they're DDD members and they have another insurance plan that's not funded by DDD and that insurance plan pays for ECT, then it is possible that they could receive it.

Cynthia Macluskie: But if they had DDD and the DDD ALTCS plan, they could not. Is that correct?

Zane Garcia Ramadan: Not necessarily. They could not receive it through the DDD ALTCS health plan. They could potentially have a DDD ALTCS health plan, whether it be through United, or Mercy Care. But then, in addition to that, have a private insurance or Medicare, that's paying for the service, that's not being paid for by their DDD ALTCS plan.



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Cynthia Macluskie: But United or Mercy Care is a ALTCS plan, So right now,...

Zane Garcia Ramadan: Correct.

Cynthia Macluskie: they cannot pay for ECT because of the state law, correct? All right.

Zane Garcia Ramadan: They can't pay for it using DDD health plan funds. If there's some other arrangement where they have insurance through another insurance provider that's not paid for by DDD, then they could receive it.

Cynthia Macluskie: Okay. Linda, sorry you

Linda Mecham: That's okay. So I was in the same meeting with Cynthia, where I heard the number seven and this individual said that there could be more than seven. Now there's a couple of reasons why we may not know about them and what I have heard, from reliable sources, is that the medical director or the doctor I'm not quite sure who it is. It sounds like the medical director, upon admittance, they can remove the IDD diagnosis. And have removed that diagnosis. So that might be why we don't know if they are IDD or not. I'm just throwing that out there. The other thing that has me confused is with regards to your comments because as, two of the three are in District Central

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Linda Mecham: And the other one is in District South. I have asked specifically, with regards to the funding, who is funding these and I thought that you told me that DDD is not funding the ASH individuals. Is that correct? Or no?

Zane Garcia Ramadan: ASH is funded through a separate funding source than DDD. Yes.

Linda Mecham: So then these individuals could get ECT, correct?

Zane Garcia Ramadan: If it's not being paid for by a DDD entity. Yes, they could.

Linda Mecham: But you said they aren't so, I mean, you said that's what you told me when I was asking about funding, but Am I?

Zane Garcia Ramadan: Yeah. I mean, presumably yes they could receive it assuming that it's not funded by DDD.

Linda Mecham: Are there any places?

Cynthia Macluskie: Does ASH not get DDD funds? Is ASH funded separately from something else?

Zane Garcia Ramadan: Yes. There's a Separate.

Cynthia macluskie: Okay, so if I have DDD ALTCS and I'm an ASH, DDD ALTCS is not paying for me.



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Zane Garcia Ramadan: Correct.

Linda Mecham: So then they could get the ECT.

Zane Garcia Ramadan: Yes.

Linda Mecham: And...

Carrie Nalley: Okay.

Linda Mecham: How can we find out more specifically if there are more individuals than just the three?

Zane Garcia Ramadan: I would say to go through the Department of Health. is it the Department of Health oversees ASH, Leah? Yeah. But again with the small number of members that we're talking about it's not appropriate for me to be commenting on their individual circumstances.

Linda Mecham: I understand and I don't know who,...

Cynthia Macluskie: Absolutely.

Linda Mecham: I don't even know who they are. I mean, I don't remember but it's, as far as first name and we were reading the incident reports which I haven't seen for quite a while. So thank you Zane.

Cynthia Macluskie: So Zane, I'm sorry to put you on the spot when it's like something you weren't even prepared to talk to. So if we as an IOC would like to follow up and get more information, is that something that we can send you the questions and you can get the Department of Health and Human Services to answer or how would we proceed with that?

Zane Garcia Ramadan: You would go through Larry Allen.

Cynthia Macluskie: Thank you very much. I appreciate

Linda Mecham: Cynthia, we might want to just ask the individual that we heard all this from too.

Diedra Freedman: Michelle.

Michelle Rademacher: I just wanted to add two points. ASH has an IOC meeting that you could attend monthly, they meet and you could bring these questions to that committee, that would be an appropriate platform to ask those questions. The other thing is following along with open meeting law. IOC members may not discuss items that are not specifically identified on the agenda. So, the questions that you're posing, they're not related to the update that Zane provided and I feel like I just want to speak up as it is my part and my role in being in these committees to speak up during certain...



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Michelle Rademacher: Things could get me in a conundrum. It could get Larry and conundrum. So just kind of keep that in mind as we provide updates, questions related to the update or great. But something that's not related, perhaps could be added to the next agenda.

Diedra Freedman: Thanks, Michelle. It is your job to keep us on track. Zane, I do have a question that does pertain to your update. And is on track with the DDD Support Coordination Unit that you are instituting. I am wondering if there will be corporate education within DDD, so that DDD employees understand that health plans and providers are subcontractors of DDD. That makes DDD responsible for the response, for the actions of their subcontractors, including health plans and providers. So when we ask questions of DDD staffers...

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Diedra Freedman: We're no longer told it's the provider's responsibility, not DDD's responsibility.

Zane Garcia Ramadan: I'm not sure if that's being specifically communicated, but in like a formal training or anything like that, but if it's not, we can look into that. I will say to the point, because I also want to share this as it relates to the PRC. We have been having meetings in, I think late July. We had a meeting where we tried to convene as many qualified vendors as possible to provide some ongoing education on the writing of behavior plans and also establishing, I think it's monthly not weekly, but monthly check-ins and lunch and learns in which the plan writers from all the QVAs would be gathering with our PRC team to kind of review some of the trended issues that are being identified. So, I know that's not exactly your question, De. You're more referring to the DDD staff being aware that it is the Division's responsibility to hold the qualified vendor accountable. But another piece to that is ensuring that they have the tools to write those plans in the most appropriate manner. And so that is an initiative that we've started in the past month or so as to work more closely with the QVAs on providing technical assistance to ensure that those plans are as well written as possible.

Diedra Freedman: I appreciate it, Zane, because we've actually had DDD staffers make that comment in these IOC meetings, on the public record. So,

Diedra Freedman: Any other? DDD updates? Michelle, you want to go on with your list?

Michelle Rademacher: Okay, Leah, you would be next, please.

Leah Gibbs: Thank I'm just gonna give you some updates on where we are on some of the initiatives that I've shared with the committee in the past. As you are aware, the Division continues to focus on improving the quality of behavioral health services that are available to the members that are eligible for DDD. We know that there's plenty of room for improvement. That there are some gaps and services but we have some initiatives that are underway to try to address some of those things. First being that we are rolling out training for behavioral health provider agencies, and personnel through the relias system, which is a common computer-based training system that's used by all the different health agencies throughout the state. Their library of trainings is being expanded to include additional training specifically, to supporting people with intellectual and developmental disabilities.



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Leah Gibbs: Our DDD Behavioral Health Administration in collaboration with many other folks in the Division are finalizing a presentation that is going to be a virtual led training for the behavioral health agencies. That it's going to be a combination of an overview of the Division of Developmental Disabilities, our eligibility process, the services working with the Division, as well as the best practices in supporting people who are dually diagnosed, have a developmental disability as well as a behavioral health diagnosis. Those trainings are going to be starting in the very near future, they'll be offered weekly. They will be delivered in collaboration with our community outreach teams within our OIFA, as well as our Behavioral Health Administration. The behavioral health team that is working on this particular initiative continues to move forward with identifying the opportunity to have some additional training available in person through a couple of opportunities for people who attend the training to earn their continuing education credits by attending a conference that would be supported by the Division and we're moving toward getting those organized for next year.

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Leah Gibbs: We continue to move forward on our positive behavior support initiative of having positive behavior training available at no cost to families and caregivers. We are also going to be requiring the training for all the direct support professionals that work in our state operated program. And we are going to be providing an incentive to our qualified vendor network to offer that training to their direct care staff as well. The curriculum for that training, many of IOC chairs have been invited to a meeting that is scheduled on the 7th of September to do an overview of the curriculum, with some other stakeholders with us.

Leah Gibbs: And once we get more feedback from stakeholders, we're going to be taking that curriculum to executive leadership within the Division to approve. And we will be rolling out a train-the-trainer opportunity, so that qualified vendors and contractors are all going to be training the same curriculum and understand the content. The third one that we're continuing to work on are the behavior supported group homes. I mentioned to you before that there was legislation that passed last session of a new type of a license for a DDD group home that will be called a behavior supported group home. The Department of Health Services will be working on developing rules around that. It's specific for supporting members who have complex needs and are duly diagnosed. The Division has plans to develop these homes throughout the state. De, your hand is up. What can I help with?

Diedra Freedman: Yeah. How's that going to be affected by the current AHCCCS moratorium on improving any new behavior, AHCCCS behavioral health providers or approving any additional services for AHCCCS behavioral health until December 9th.

Leah Gibbs: I have to admit that I am not up to speed on the AHCCCS moratorium. I can tell you. Zane, please go ahead.

Zane Garcia Ramadan: In this case it would not apply, De, because these are what we're talking about behavior supported group homes, these are still HCBS services so it's not, in the behavioral health coding that all those other providers are subject to. So this would still be outside of the realm of that suspension.



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Diedra Freedman: Are these going to be DDD group homes or they're going to be AHCCCS group homes?
Good.

Zane Garcia Ramadan: DDD Group homes.

Leah Gibbs: Crystal.

Crystal Fox: I just want to say, I did do a PRC meeting with one of your, I think that it's probably what you're talking about, a group home that's a behavioral. It's a dual diagnosis. It was amazing. It was amazing. The support they were giving that client, whatever group home, the behavior plan was amazing and the support they were getting was amazing. And again, back to the state hospital, it looks like that sort of a place could get those clients out of the state hospital. It was very impressive.

Leah Gibbs: Thank you Crystal, that's really nice to hear. Sometime, if you ever decide you want to throw me an email with specific information about who the vendor was, we can go back around and just give them a kudos for doing a really good job. and...

Crystal Fox: Okay.

Leah Gibbs: Cynthia, you mentioned about a support coordinator that went above and beyond and met with a family in a hospital and if you would send me an email, I would love to do a kudo to reinforce that behavior for our staff.

Cynthia Macluskie: I will do that because I was really impressive and a Crystal, if you wouldn't mind sharing with us, the information of what you saw, without any thing that we're not allowed to have, because there are a lot of conversations going on now about trying to create more secure placement facilities for IDD, which I know our people do not support and I think it's great what DDD is doing around this and if this can be something that can take the place of that, that's fabulous.

Crystal Fox: No, I was super impressed. It looked very similar to what we're looking at with SMI as well, but I'll just tell you a little bit. This client was very aggressive. He was two to one. He had somebody at the end of the hall, there was one other client in the room. They use pads and stuff when he punched out at people. So they had pads that they could put on their hands just to block the punches. He had all men in the.

Crystal Fox: All men that were available to him. He had access again, to come out and to do the things that he needed to do. I can't remember everything about it, but again, this client, he had different behaviors even in his room. I think maybe peeing on the floor or doing different, but they had a strategy literally for everything and a much better quality of life. This client had come from one of the hospitals he had been restrained for, I want to say, five or six weeks straight because of his developmental disability with his SMI and no restraints, nothing, freedom in the home. Again, with supervision with two staff at all times. Sometimes three



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Crystal Fox: So again I could see where and they had a lot of positive things to say. It was extremely impressive. Again I worked at the state hospital for 30 years so I was impressed so much that it was better care than, it's the only place, I've heard of that was giving better care than the state hospital. So I was super impressed and in a home environment, which was beautiful. So, Yeah.

Cynthia Macluskie: That's amazing.

Leah Gibbs: Okay, if I continue. Thank you.

Cynthia Macluskie: Do you have enough of those though? How many did you guys get approved of to do those behavioral homes? Leah.

Leah Gibbs: At this point, our strategy is to develop 10 homes but we need to do it at a pace that works for everybody.

Cynthia Macluskie: Okay, thank you.

Leah Gibbs: So we've mentioned before that the Division is working toward achieving accreditation with the National Committee on Quality Assurance in long-term services and supports through our support coordination. And through this process, you are going to continue to see some updates to policies that'll come through the committee as we improve our transparency and information that we share out working toward this accreditation. So you'll be seeing some of those things we want to. We're undergoing an evaluation of the different elements that are and standards associated with that. And as we're addressing them, we intend to continue to improve the quality. We're gonna be improving the entire quality of life for our members and have our staff have the tools that they need to do what they need to do. So we're looking forward to rolling that one out. We continue to make gains in hiring new support coordinators throughout the state. I'm sure you're still seeing that in District West, as well. And Zane mentioned the work that they're doing around some of the specialty case, speciality units supporting support coordination. The other specialty area that is working extremely well for us, is the onboarding units. As we're hiring new support coordinators. We have staff who are supported with a really solid training, a process to be on boarded and in doing their jobs here with the Division. We've been using these onboarding units since about October last year and we've had a tremendous improvement in the retention rate of new staff. That this process has been very helpful to them. Go ahead Cynthia.

Cynthia Macluskie: I was just gonna say, that's really exciting, because I remember a time, when y'all didn't have any real training for support coordinators, the supervisors created their own kind of training so I think over the last 15 years, you guys have made some great changes and I love that so good job...

Leah Gibbs: Thank you.

Cynthia Macluskie: Because you know how I like to complain. So I just wanted to say well done,



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Leah Gibbs: Yeah. Thank you De. Yes.

Diedra Freedman: Yeah I just want to make sure that the record is straight. We had a slamming. Training program. In previous history, that was created in 1999-2000, you created it, it was amazing and sometime after Barbara Brett left, it stopped being used. So, hopefully DDD is using its corporate memory and pulling out the program that you created and updating it because there's no reason to reinvent the wheel. So,

Linda Mecham: Totally agree..

Leah Gibbs: Thank you.

Linda Mecham: I totally agree, Leah. It was great.

Leah Gibbs: Thank you, Linda.

Cynthia Macluskie: Thank you for correcting me De.

Leah Gibbs: Okay, couple more updates. So the Division is in the process of implementing a new request for qualified vendor agreement. That is our contract that we have with our qualified vendor community. We are starting in September to have the existing qualified vendors be able to go online and to apply for the new contract with the Division. And it will go into effect next year in March 2024. We do not expect to see any kind of significant impact on any members. If there is a vendor who makes a determination that they choose not to renew their contract with the Division, we will have plenty of time to support that member and their family to transition and make sure there's no gaps in service. Go ahead, De.

01:50:00

Diedra Freedman: I'm actually elbows deep in the new QVA because we have clients through work and I want to say, first of all, the organization of the new QVA and the policy tool, are both fantastic. There are going to be problems with agencies because even though it is very well organized. It is very complicated. It is not complicated, because DDD has nothing better to do with its time. It's complicated because, the very serious business providing supports and services to DDD members, all I's need to be dotted, all the T's need to be crossed. You're dealing with CMS, you're dealing with AHCCCS, you're dealing with Arizona State law. The tool is very well referenced. So I just want to make sure that you do get the kudos that you deserve at DDD. It's a job well done, but the next nine months, until March of 2024, are going to be very difficult for everyone because every I needs to be dotted in every T needs to be crossed.

Leah Gibbs: Thank you for acknowledging that. I want to let our contracts team know because they've worked so hard on this. And we will have support for vendors who need an extra hand.



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Diedra Freedman: I have a law degree and 40 years of professional experience dealing with law and service delivery. And I can tell you that it is, I guess so. I don't know if the proper word is tedious. But it is very detailed oriented to put together the necessary materials that need to be put together. And so you do need a lot of skill and a lot of knowledge to make sure that it's done correctly. And I'm looking forward, on behalf of my clients, to the seminars that you're going to be having next month. But I hope that the information is detailed enough so that we can get everybody who wants to renew their contract so that they're able to renew their contract but they're really going to have to step up in number one, their professionalism. And number two, they're continuing education. Welcome to the 21st Century, Baby.

Leah Gibbs: Thank you. And my last update is around parents as paid providers for their minor children. You are all aware that that was a flexibility that went into effect early on at the COVID Public Health Emergency onset and the Public Health Emergency ended at the end of May. The AHCCCS Administration has announced that the program will continue the way it is today through November 11th of 2023. And in the meantime AHCCCS is working with making a proposal to the Centers for Medicare and Medicaid Services to allow for this flexibility to be a permanent service delivery model here in Arizona.

Leah Gibbs: AHCCCS has completed two public forums to get feedback from the community regarding their proposed changes as well as have a website that has been receiving public comments. That public comment period did end yesterday on August the 21st. And we know that once they finalize their proposal, then it'll be available for everyone to be able to see. We know that prior to the public comment period, AHCCCS had posted on their web page kind of a starting point conversation around this and they did institute, in their proposal, what were referring to as guardrails around Parents as paid providers for minor children, one of them being a maximum of 40 hours of assessed need for any one child, and the second being that it would be allowable for the service attendant care. And none of us are going to know what that final proposals gonna look like until AHCCCS submits it, but as we have more information, we will absolutely make that available. Go ahead, Cynthia.

Cynthia Macluskie: Okay, I have so many questions.

01:55:00

Leah Gibbs: We'll see what I can do.

Cynthia Macluskie: I apologize in advance. Okay, one, can you tell me the exact date it's going through? 11. what?

Leah Gibbs: November 11, 2023 is what AHCCCS proposed when they announced this at the end of the public health emergency.

Cynthia Macluskie: And if you can help me, I remember vaguely, there were two programs. Is that true or is this only this program, so it'll end 11/11 unless AHCCCS hears back from CMS?

Leah Gibbs: AHCCCS would certainly have the ability, working with CMS, to continue to extend it the way it is, until there's a final decision from CMS about making it permanent,...



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Cynthia Macluskie: Okay, but it's up to AHCCCS.

Leah Gibbs: but the date today is November 11th.

Cynthia Macluskie: Okay, and...

Cynthia Macluskie: then after that, for attending care.

Leah Gibbs: But I don't know...

Leah Gibbs: what you mean by two. I'm sorry to cut you off. I'm not sure...

Cynthia Macluskie: Yeah.

Leah Gibbs: When you said you've heard there were two programs.

Cynthia Macluskie: I thought there was one that was with ARPA money and then I thought there was one

Leah Gibbs: Thank you. I can help with that, too. When originally the flexibility went into place and...

Cynthia Macluskie: Okay.

Leah Gibbs: When we learned about ARPA funding being available, what the original plan was when the public health emergency ended at the end of that quarter, the funding for the program, Parents as paid providers for their minor children was going to be picked up through ARPA funds through September.

Cynthia Macluskie: Okay.

Leah Gibbs: End of September 2024. However,...

Cynthia Macluskie: Okay.

Leah Gibbs: There's kind of been a change in the plan, in that AHCCCS is now saying, we would like to make a proposal to CMS to make a permanent option for service delivery.

Cynthia Macluskie: Okay, so the original plan that was going to go to September 2024. Is up in the air?

Leah Gibbs: It would potentially be replaced by whatever this agreement is with CMS.

Cynthia Macluskie: And so, the one that goes to 2024 that may be replaced, is that the one that's only attending care or,...

Leah Gibbs: Currently the program in DDD right now,...

Cynthia Macluskie: because, didn't one, do you have an attendant and then one did attendant



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Leah Gibbs: is HAB and attendant care. And the program is staying the way it is right now through that November date. And as we have more information, because right now we don't really have a lot of definitive, we don't know for sure what the final proposal's gonna look like. We don't know timing. We know that if there's a change we're certainly going to not say gee tomorrow, we're going to flip a switch. We will have a process but right now the program is attendant care and HAB, based on assessed need, that a parent for a minor child can be employed by a vendor and go through their training and certification to provide the service.

Cynthia Macluskie: And then can I ask one other question around that?

Leah Gibbs: Sure, and then we'll be right there De.

Cynthia Macluskie: So, I heard this weird situation from a family and I was trying to wrap my brain around it. So a parent can be a paid provider. But when that program goes away, can a stepparent still be a paid provider?

Leah Gibbs: Right now, in policy, it defines parent. And in the definition of parent, it includes step parent. Though, if...

Cynthia Macluskie: Okay, it does.

Leah Gibbs: if there's a prohibition because that's how it used to be before the pandemic,...

Cynthia Macluskie: Yeah.

Leah Gibbs: a step parent would not be a paid provider. because I'm sorry.

Cynthia Macluskie: okay, and then 40. No, I'm sorry. So then 40 hours is the limit now or later?

Leah Gibbs: No, it's part of the initial proposal from AHCCCS. I do not know yet what the final is going to look like because it hasn't been posted.

Leah Gibbs: Not a problem De.

Leah Gibbs: you're muted.

Diedra Freedman: Since it's normally AHCCCS and DDD policy to track things through billing. Currently, rendering providers are not included on billing for HAB,, attendant care, and respite. How do we actually know the extent of the utilization of the current program?

Chat Message: [Linda Mecham: A parent cannot be a respite provider.](#)

Leah Gibbs: I need to be very careful because this is not my area of expertise, and I understand with Habilitation, there's not a modifier associated with that to indicate it's a parent provider, Zane, do you have any information or should we just let them?



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Zane Garcia Ramadan: So I don't know. I can't give you the exact methodology. But there was a way that we were able to triangulate the data. It was a pretty intensive effort, we had to take some pieces of data from EVV, from focus. And we triangulated them all together to come up with that number that we feel is accurate.

02:00:00

Zane Garcia Ramadan: We've shared that information with AHCCCS who subsequently published it in the public forums on this topic and my understanding is they are going to be providing additional data when they do make their final determination on how to proceed after the public comment. And in that publication of the data, they'll be providing some of the specifics as to how we arrived at that data. But like Leah, I don't know all the exact details of how we got there.

Diedra Freedman: So here's my follow-up question. We have two and a half months before November 11. What happens if the plan that AHCCCS is proposing now, where parents will not be allowed to provide HAB. Do we have alternative Direct care workers, habilitation workers available? Are we going to be able to ramp them up in two and a half months so that those children continue to receive those services? What are we doing?

Chat Message: [Linda Mecham: The lack of providers for both children and adults is a very real problem.](#)

Chat Message: [Brad Doyle: you are right linda all programs group homes DTA HCBS very tough](#)

Zane Garcia Ramadan: so, it's gonna depend on the decision that AHCCCS makes. I would agree. If it's two months, that would be very challenging to make a transition like that. So, depending on whatever the decision is that AHCCCS makes, whether that's to include habilitation or whether that's to extend the time period by which we could identify a different habilitation provider if it's not included, those are all issues that we're going to have to work through once that final determination is made. My understanding is that determination will be coming within the next one to two weeks and so we are eagerly anticipating that as well. So that once we have clarity we can begin to put everything into motion to ensure that there's no disruption in service.

Leah Gibbs: Crystal.

Leah Gibbs: I think you're muted.

Crystal Fox: I know with the EVV system, I know, when I work with Tia, my daughter, it has a spot where it says, Family member living with client or whatever, and or family member not living with clients because she knows I'm the parent. So that's probably how they track it. And I do the attendant care. As a parent, you end up doing the HAB anyway whether you bill for attendant care or not. But the hab really ends up being what you end up doing. So it would be good to have that in place with extra providers and it would be good to keep the Hab but. But just to even have the 20 out or the 40 hours for a parent is good. But that's how they track it.



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Leah Gibbs: Thank You. Did I see another hand? I don't see one now.

Linda Mecham: I had mine up Leah, but I took it down. I,

Leah Gibbs: You know what?

Linda Mecham: It's just a very real problem that there are not providers available and to think that we're going to get that number in two and a half months up to where, should this happen, up to where there will be no disruption and services. I think it is a stretch. but that's why most of the parents that I've talked to have said that they're doing it besides the fact that it was covid and they couldn't get anybody in but also because there was no one available to do it.

Leah Gibbs: Thank you.

Leah Gibbs: So at this point, we're just sort of waiting to see that. That's what I have in the way of DDD updates unless anybody has any other questions.

Diedra Freedman: I think we are set. Are we ready to move on from DDD updates? This unless Diane Kress has something to tell us about District West.

Diane Kress: No De. At this time we are fully staffed so I do not have any updates. I do know that we have been starting the new Incident report process that was effective, August 1st. We did extend it just because of the changes that were occurring. So we are providing technical assistance to our providers, just helping them with navigating through the few pages of the new form. but overall it's going we're getting a lot of good data from it. I know, De, that you were Supportive of the new process and the new form. So again it's definitely providing us a lot more details. So thank you but it is different. So, ...

02:05:00

Diedra Freedman: You Diane,...

Diane Kress: with change

Diedra Freedman: Do you have any idea when Michelle's going to be trained, so then she can train us. So that we can move over to the new system?

Diane Kress: That I don't have any updates. I do know that we are still targeting October first and we're really hoping that we do get that training, forthcoming shortly. We're only what, less than a month and a half away from that. So I do know that there are people that are reviewing it right now, currently and are working through that system. So again AHCCCS and us trying to train through some of that we're still going through some changes or just things that we're running up against. So as soon as I know that I will let you know and yes definitely will. There will be some training.



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Updates from Arizona Department of Administration

Diedra Freedman: I appreciate it. Next on the list, if we don't have anything else from DDD, is Larry ADOA updates.

Lawrence Allen: Hey, good evening, De. Couple updates. New fiscal year started, for the state, started in July which in turns means the annual report will be due November 1st. so, I believe, I sent out an email with the framework of the items that should be included in that report to the chair. So if you don't have that, please let me know. I would be happy to resend, put that on top of your inbox.

Diedra Freedman: Can you do that for me, Larry? Thanks.

Lawrence Allen: I'd be happy to.

Lawrence Allen: Trying to think If there's anything else that's really kind of pressing. I don't think I have any other updates for, at this moment, any questions or concerns that I could try to answer for you?

Diedra Freedman: No, except we'll be looking for that training. So, I don't know if that is purely DDD or if that goes through ADOA, for the new incident report system.

Lawrence Allen: I'm sure we would have to coordinate somehow, but I'm pretty sure DDD would control that. And set that up. But if, should they need help, I'd be happy to assist.

Diedra Freedman: Cynthia.

Lawrence Allen: I Cynthia.

Cynthia Macluskie: So I think Zane said maybe we follow up with you to. I have forgotten what I wrote down. To find out about. How. I forgot. I can't remember. I'll have to get back to you.

Diedra Freedman: Cynthia, I know the procedure and I'll send you an email. So, we need a motion. There's a procedure, we need motions and we need to pass. We need to pass any questions that we want to ask and then we pass them on to Larry. So we're familiar with the procedure. Larry makes sure that we do it right. so, Any updates from the health plans. Summer, Dawn. Are you still with us?

Updates from Integrated Health Plans

Dawn McReynolds UHC OIFA: Hi De. Go ahead somewhere.

Summer Kamal: I'm still here. Thank you I have no update for now.



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Dawn McReynolds UHC OIFA: I do. De, I wanted to, in adjunct to all of the behavioral health conversation that's been occurring on the IOCs for DDD. I wanted to update that there are two policies that are directly connected with OIFA that I think may be beneficial for the DD IOCs to review. One is the credentialed Family Support policy that is open for comment. Unfortunately it's only open until August 27th. But I thought reviewing that may help, or even if the IOC has an interest in seeing what is included and regulated in the credentialing training that is offered to credentialed family supports and peer supports. So both policies are 963 and 964 and I have the link ready, if you'd like me to put it into the chat where those policies can be reviewed along with templates, that the OIFA's have to fill out on rosters and overseeing the employment members who are credentialed at all of our agencies, would you like me to put that link in the chat?

02:10:00

Diedra Freedman: Dawn, I would love it. and I'd also,...

Dawn McReynolds UHC OIFA: Okay.

Diedra Freedman: I would also like If you would reiterate my point that if we have questions, You and Summer and Janet and the other individuals from United, who have attended our meetings, are always welcome to requests for intervention when it involves one of your members. and you have a great relationship with Michelle and with Leah through OIFA,...

Dawn McReynolds UHC OIFA: Absolutely, yes.

Diedra Freedman: So, if we just send those emails, with the redacted information that we have, you guys will take it from there. And just so that everybody knows, Dawn, Summer, Janet and I have a history through my work. I send emails that say, I know you can't talk to me about this DD member because of HIPAA, but I can talk to you about it and I don't expect to hear an update from you. I'll hear the update from the family if they don't get resolution and if I hear nothing, it means you've done your job. In the two decades that I've been doing this. I think maybe I've heard twice or three times back from the family and it's just because something was taken a little longer.

Dawn McReynolds UHC OIFA: De, appreciate that. I really do. We work so hard and I know we work really closely with Cynthia as well, but I know, I'm not sure if all the IOC members are aware how closely Leah and I work as well. So there's constant communication and support for those that we serve and Summer, I appreciate you bringing that up in this IOC that we are available. Even if there is PRC involvement, if needed, that's part of what we do. Our hearts are for our members and our families. So I appreciate that. I'll go back off camera because it's very late for me and I see my hair's getting flatter by the minute. And then I will add the link to the policies. Thanks.

Chat Message: **Dawn McReynolds UHC OIFA:**

<https://www.azahcccs.gov/AmericanIndians/TribalConsultation/policypubliccomment.html>

Updates from DDD IOC liaison



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Diedra Freedman: So our next update is Michelle.

Michelle Rademacher: Hi there. Good evening guys. Just a little bit for me. I did want to give you an update. As I mentioned earlier about the Arizona State Hospital, Independent Oversight Committee. I looked it up when we were in the meeting. The cadence of that meeting is scheduled on the third Thursday of the month at 6 pm. So given that the next meeting is September 21st. If anyone's interested in attending those meetings. I also had a question for the committee about moving incident reports. Diane has resigned from the committee. So we did lose that committee member that was looking at incident reports. And I'd like to go in and neaten up the shared drive, so it's not as full. So it doesn't look too overwhelming to anybody that would be going in there. Do I have permission to move incident reports to archives? I'm thinking I would move.

Bernadine Henderson: Yes, you do.

Michelle Rademacher: At least from April and older. And just know that we don't delete any IRS that are provided to your committee. They're all put in archive folder. We have 2021 and we have 2022 archive folders. If ever there's a time you've read something, you want me to move it just send me an email and I'll move that over. But thank you very much.

Diedra Freedman: Yeah.

Motion and Vote

Bernadine Henderson: Michelle. I would make a motion that you archive everything up to the end of June.

Brad Doyle: I'll second that motion.

Diedra Freedman: Okay, we need a vote.

Diedra Freedman: I gotta call you by name. Bern.

Bernadine Henderson: I,

Diedra Freedman: Brad.

Brad Doyle: *I (vocalized on recording)*

Diedra Freedman: Crystal.

Crystal Fox: I,

Diedra Freedman: Cynthia.

Cynthia Macluskie: *Aye (vocalized on recording)*



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Diedra Freedman: Did I get that I did? I leave anybody out? Okay.

Bernadine Henderson: No, you're good. I have to go guys, though. I'll see you next month.

Diedra Freedman: Thank you.

02:15:00

Diedra Freedman: The next thing. On our list. Yeah.

Linda Mecham: You don't mind Michelle, just for you. When I. Jeffrey told me that I had to send him an email as chair so that he had that in writing in order to have it redacted or archived. Just FYI

Michelle Rademacher: Okay, thank you.

Discussion, Review, and Possible Action on Committee Membership

Diedra Freedman: I'll send an email, along with the other email that I promised Linda, I would send. So, because it's so late, I'd like to table our possible action on committee members and our discussion and review of incident reports and behavior plans to next session, if that's okay with everybody. I'm going to make the executive decision and go ahead and adjourn the meeting since we have some questions that need to be answered anyway by Michelle and Larry on Jaymie's participation. So I need a motion to adjourn. And a second.

Adjournment

Motion and Vote

Brad Doyle: I motion to adjourn the meeting.

Diedra Freedman: Do I have a second?

Cynthia Macluskie: A second, I second.

Diedra Freedman: Okay, so now again, I need a vote, Brad.

Brad Doyle: Yes.

Diedra Freedman: Crystal.

Crystal Fox: Yes.

Diedra Freedman: Cynthia.

Cynthia Macluskie: Yep.



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Diedra Freedman: It is 7:48. And we are adjourned. Our next meeting is September what, Michelle.

Michelle Rademacher: September 26th.

Diedra Freedman: I'm going to be on vacation and I will be asking Bern to run the meeting. I'll be attending if I have Wi-Fi in whatever hotel we're staying at, but I'll be asking Bern to run the meeting. So thank you very much for your patience. We are way over 20 minutes over so everybody have a good night and we'll see you next month. Thank you.

Cynthia Macluskie: Thanks. Bye.

Meeting ended after 02:17:55 🙌

For all of May **2023** IRs, the Committee members have been given a total of **829** incident reports in the Shared Drive. This included **71** open and **758** for closed reports.

Type	Open	Closed
Accidental Injury	3	109
Consumer missing	0	6
Deaths	2	7
Emergency Measures	1	5
Human Rights	2	13
Legal	3	1
Medication Errors	8	39
Neglect	31	54
Other Abuse	1	10
Other Behavior	2	308
Other Injury Unknown	5	182
Physical Abuse	13	23
Property Damage	0	1
Suicide	0	0
TOTALS	71	758

The IRs will be reviewed by the committee members.

Number of Questions for Quality Improvement Manager, QIM: **0**

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



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All PRC meetings are being attended by Crystal Fox.

Number of Behavior Plans turned in by IOC Members: unknown

The Program Review Committee (PRC): unknown

For all of June **2023** IRs, the Committee members have been given a total of **754** incident reports in the Shared Drive. This included **57** open and **697** for closed reports.

Type	Open	Closed
Accidental Injury	3	99
Consumer missing	0	9
Deaths	5	8
Emergency Measures	1	6
Human Rights	3	10
Legal	0	6
Medication Errors	8	42
Neglect	19	71
Other Abuse	5	2
Other Behavior	1	273
Other Injury Unknown	2	148
Physical Abuse	8	22
Property Damage	0	1
Suicide	2	0
TOTALS	57	697

The IRs will be reviewed by the committee members.

Number of Questions for Quality Improvement Manager, QIM: **2**

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

All PRC meetings are being attended by Crystal.

Number of Behavior Plans turned in by IOC Members: unknown

The Program Review Committee (PRC): Unknown