



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

Monday, October 23, 2023 – 10:00 AM to 12:00 PM

Meeting called to order by Committee Chairperson, **Linda Mecham**. The date is October 23, 2023, at 10:01 am . **The meeting took place Virtually due to the desire of the committee to continue to meet only virtually.** No Physical location was requested to meet for this meeting.

Attendance Virtually:

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

Attendance by Phone :

- **Debbie Stapley **22**
- **Mandy Harman **15**

Absent:

- **None**

Public in Attendance:

- **Angela Smith (by phone) **47**

Guests:

- **None**

Health Plans:

- **Dawn McReynolds (UnitedHealthcare)**
- **Ian Wilson (United Healthcare)**
- **Summer Kamal (Mercy Care)**

ADOA and AHCCCS:

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

DDD:

- **Leah Gibbs (DDD Office of Individual and Family Affairs Administrator)**
 - **James Maio (DDD District Central Quality Improvement Manager)**
 - **Joan McQuade (DDD Office Of Individual and Family Affairs - Member Advocate)**
 - **Michelle Rademacher (DDD Independent Oversight Committee Liaison)**
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DDD District Central IOC Meeting -Virtual meeting (2023-10-23 10:00 GMT-7) - 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 but has been recorded.

Attendees

+1 480-***-**15, +1 602-***-**22, +1 602-***-**47, Carolyn Willmer, Curiosity Carolyn, Dawn McReynolds UHC OIFA, Eva Hamant, Fredreaka Graham, Ian Wilson UHCCP, James Maio, Joan McQuade, Lawrence Allen, Leah Gibbs, Linda Mecham, Lisa Ehlenberger, Mandy Harman, Michelle Rademacher, Michelle Rademacher's Presentation, Summer Kamal

Call to Order

Linda Mecham: I hereby call to order this regular meeting of the DES DDD District Central Independent Oversight Committee. Today's date is October 23rd, 2023. And the time is 10:01. This is a regular meeting of the IOC. It is being held electronically. It is being recorded and the transcript of that recording will be posted on the ADOA IOC Website. And in an effort to avoid excess background noise, and potential microphone feedback, please mute your microphone when you're not speaking. The host of the meeting, that would be Michelle, can mute you, but then, you can also unmute yourself when you would like to speak. And you can do that by clicking on the Microphone item icon at the bottom left of your screen or elsewhere depending on the platform.

Conflict of Interest Disclosure

Linda Mecham: Additionally, I've been asked to read the following statement. Do we have anyone that has to disclose the conflict of interest and if there is, the committee, that committee member needs to disclose why? I don't think we have any at this point.



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Welcome and Introductions

Linda Mecham: And we will now do the introductions of those present. My name is Linda Mecham and I am the chair of District Central Independent Oversight Committee. Debbie.

+1 602-*-**22:** My name is Debbie Stapley, I'm the vice chair of the Independent Oversight Committee, District Central.

Linda Mecham: Eva.

Eva Hamant: Eva Hammond, a member of IOC.

Linda Mecham: Mandy.

+1 480-*-**15:** Mandy Harmon, member of the IOC.

Linda Mecham: Carolyn. You're on mute, Carolyn.

James Maio: Star 6, Carolyn.

Linda Mecham: Lisa.

Lisa Ehlenberger: Lisa Ehlenberger, a member of IOC.

Linda Mecham: Okay. ...

Carolyn Willmer: Here, I'm here, sorry Linda. It wouldn't let me unmute.

Linda Mecham: That's okay. I know, we're going "you're on mute, star six". That's okay. All right. Thank you for joining us.

Linda Mecham: Michelle, I'll let you introduce everybody else or call on them.

Michelle Rademacher: Okay, certainly. We've got Leah Gibbs.

Leah Gibbs: Good morning, everyone. I'm Leah Gibbs, administrator of the Office of Individual and Family Affairs.

Michelle Rademacher: James Maio.

James Maio: James Maio, Quality Assurance manager for District Central.

Michelle Rademacher: Joan McQuade.

Joan McQuade: *Good morning. Joan McQuade, Office of Individual and Family Affairs.*



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Michelle Rademacher: Larry Allen.

Lawrence Allen: good morning, Larry Allen, with Arizona Department of Administration, The IOC's liaison.

Michelle Rademacher: Dawn, McReynolds.

Dawn McReynolds UHC OIFA: Good morning, everybody. I'm not sure if you can hear me. I'm Dawn McReynolds *with United Healthcare. I'm the OIFA administrator.*

Michelle Rademacher: Ian Wilson.

Ian Wilson UHCCP: Hi everybody. Ian Wilson here with United Healthcare's Community plan. I'm a member advocate.

Michelle Rademacher: Summer Kamal.

Summer Kamal: *Good Morning everyone. This is Summer Kamal. I'm the behavioral health coordinator for Mercy Care.*

Michelle Rademacher: My name is Michelle Rademacher. I'm the DDD Independent Oversight Committee liaison. Did I miss any staff or anyone from AHCCCS to the health plans?

Fredreaka Graham: This is Fredreaka Graham with AHCCCS

Michelle Rademacher: I'm so sorry, Fredreaka. Thank you.

Linda Mecham: Is Patricia on right now? Patricia Sandino. I just got a text from her.

Michelle Rademacher: No.

Linda Mecham: She's got a new admin starting today, so she'll be on and off. So when she comes on, we'll let her do a PRC update.

Michelle Rademacher: Okay.

Linda Mecham: All right, because she'll be in and out.

00:05:00

Linda Mecham: Let's see. So did we get everybody? Yes. Okay,...

Michelle Rademacher: Yes.

Linda Mecham: While we're on the membership and introductions, I would just like to preface this point.



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Linda Mecham: Those of you that weren't aware Eduarda has passed away. And her service was Saturday and several of us attended. Carol McNulty and Eva and Carolyn and I were there along with James. It was a lovely service. Her son, Mark, who is in an ICF, brought him for part of it, and it was just lovely to see all of those individuals and his support coordinator of 10 years, was also there and spoke about Eduarda and her dedication. It was a lovely service and just Eduarda and her advocacy and Her zeal, if you will, enthusiasm to ensure that the Educational needs of the DD members were met, was very impressive and just wanted to throw that in that, she will be missed on our committee. So thanks everybody for that. I appreciate that, your notes. For all of us, she's a loss.

Call to Public

Linda Mecham: Do we have anybody from the public? I didn't. See that? No. Okay.

Michelle Rademacher: But I believe we do have one person. I know that you're invited Guest wanted to attend just to come fit in and listen in but didn't wish to be invited.

Linda Mecham: Yeah.

Michelle Rademacher: I mean didn't wish to be announced as a member just at yet this time or an applicant just yet at this time,

Linda Mecham: So is Angela on?

Michelle Rademacher: Potentially, there is someone on with phone number ending in 47.

Linda Mecham: Angela, that's you, Would you like to introduce yourself? or No. okay,

+1 602-*-**47:** Hi Sorry about that. I was figuring out how to unmute. Yes, I'm here. This is Angela. I just would like to just sit in for this first meeting. And then I'll get back to Michelle later today.

Linda Mecham: Okay, and I think Larry sent you an email too.

+1 602-*-**47:** Yes.

Linda Mecham: So Angela what we would. I really do appreciate you being here. Pat O'Connell is a common friend to both of us and she has apparently discussed us with Angela and we're so grateful to have you on today. Thank you. And if you are interested and get back with Michelle and Larry, there are a few forms that need to be filled out and we will, When you're comfortable to just talk to us as a committee and give us your background and what your interests are and that sort of thing, we would have be happy to visit with you, and then we will vote on you, the following month to be on the committee. So, that's kind of how the process works.



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Linda Mecham: But we're grateful to have you on board, and if you have questions, just write them down. You and I can chat after if you wish. All right.

+1 602-*-**47:** Okay, great. Thank you.

Sunsetting

Linda Mecham: Thanks All right, Leah, I'm going to go to you since you need to hop off here.

Leah Gibbs: Thank you, Linda.

Linda Mecham: And while, I assume you're going to be talking about the sun setting, dorrect? Okay.

Leah Gibbs: I am.

Linda Mecham: And then while, also could you give The Statewide IOC update from Zane. Just do your updates. At the same time,...

Leah Gibbs: Yes, then I'm happy to do that.

Linda Mecham: Thank you. Thank

Leah Gibbs: Okay, good morning everyone. Linda had reached out asking about the criteria of when a member, the term being used is sun setting, would no longer be considered actively involved in the program review committee process and what that criteria might look like. And in the question and what has come up in previous dialogue? Is if a member has a diagnosis of dementia or some other degenerative process going on, would they automatically then no longer be considered for needing a behavior treatment plan and part of the review community process? and I have been in contact with our program review committee group of folks. And the answer to the question is not a black and white answer. That if a member has a diagnosis of dementia or some other type of degenerative process. As we all know, it is going to affect people differently at different times as that disease progresses.

00:10:00

Leah Gibbs: The criteria that the program review committee wants to utilize for considering no longer having a plan for someone, would be at the point in time that individual would no longer be able to participate in their positive teaching strategy to be able to learn and continue to learn alternative ways to cope and to express their needs without having to have those target type of behaviors. And so it's going to be a subjective, it's not going to be a black and white based on a diagnosis. It's gonna be at such a time that the team is in agreement and would submit to PRC information about the member, and what's happening and their inability to be able to participate and benefit from the program. That would be the point in time that then on a case basis, would sunset that individual member. So it's not going to be based on a particular



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diagnostic label. It's going to be more based on how that member is able to participate. Did that help clarify Linda? You are muted, my friend.

Linda Mecham: That's my understanding of it as I have. I mean and that has evolved over the years, but Lisa was the one in particular that asked the question. So, Lisa, does that answer your concerns?

Lisa Ehlenberger: It not necessarily but it gives a baseline for it. What I'm kind of looking at is the functionality of when, what are some questions or what are some, If we get to a plan, where it appears that the individual may be considered to where they may not be benefiting from the plan, such as they may have dementia, are in their late 70s and recently had a stroke and is in the plan states that the is describing them individuals, more mobile and being able to speak however the individual no longer speaks now

Linda Mecham: Can I just ask Lisa, was that plan disapproved based upon the level of performance? I mean, clearly the individual can't do it and they would need to come back when something else. But Right.

Lisa Ehlenberger: Exactly.

Linda Mecham: I mean So what was the disposition on that? Do you remember?

Lisa Ehlenberger: We moved forward with the plan. And I think that and so it was a little bit, was just kind of gray. It was like, okay let's just wait and see how the individual is within the and it was kind of this unclear and it didn't really describe the individuals functionality at the time. The plan no longer described the individual's abilities to participate in the plan. However, I think and I correct me if I'm wrong, if Michelle's on the phone if Michelle's on the phone. But I think it was like, okay, we'll just keep the plan in place and describe the current and new medical background, etc. It was very vague.

Leah Gibbs: And in Lisa, if I could jump in a little bit, I obviously was not in that PRC and I do not have that plan in front of me, but I would say to you that if a member has had a change in medical status, for example, a stroke, we all know that through therapy and through intervention that person may very well recover back to a baseline and...

Lisa Ehlenberger: Correct

Leah Gibbs: To sunset is considered kind of a permanent process. so it's very possible and...

Lisa Ehlenberger: Correct.

Leah Gibbs: I don't want to again put myself into the shoes of the folks at that PRC, but knowing that that member may be temporarily unable to participate as compared to permanently unable to participate.

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Lisa Ehlenberger: And I think that that was the kind of where they were leading into, I think that's the generality of it. However, I don't want to go into it too, because it's a public meeting.



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Leah Gibbs: Right.

Lisa Ehlenberger: There's more that I can share, but I just don't know if this is something that would be more likely discussed in

Linda Mecham: Executive.

Lisa Ehlenberger: Exactly.

Leah Gibbs: Yeah, if it's very member specific. Absolutely. And I'm trying to speak in terms of generalities for you.

Lisa Ehlenberger: Yeah, generality. I completely understand and I completely understand that with a stroke with certain medical or certain new accidents, or medical conditions that there could be therapies. And there are therapies that could potentially allow the individual to progress or redevelop or different abilities. But yeah,...

Leah Gibbs: Right.

Lisa Ehlenberger: I think it's case-by-case. I think my question might be more

Lisa Ehlenberger: I'd like to maybe discuss it a little bit more, an executive because I think that at that time, then I'd be able to go into the details of what my thoughts were. And I understand why we moved forward with the plan in this particular situation.

Leah Gibbs: I appreciate that. Linda again, I want to apologize to the committee, but I am expecting a call at 11:00. I do not know that. I would be back. If I am able to and with an invitation, I'd be happy to sit in an executive session. Please know, I may not be able to today.

Linda Mecham: That's fine. I appreciate that. You are invited. So thank you. You have the, excuse me...

Leah Gibbs: Thank you. when it

Linda Mecham: But do you have the link for the executive? In case you're able to,...

Leah Gibbs: I do not have a link for executive.

Linda Mecham: Okay, Michelle, you'll send that to her. Thank you. Okay, go ahead. Leah.



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Update on Statewide IOC

Leah Gibbs: Thank you. So, updates for the committee that Zane shared during the statewide IOC meeting, he wanted to reiterate to the committee that the Division continues to focus very heavily on improving the quality and the benefits of our relationship with the behavioral health provider community in supporting DDD members. That part of one of our projects is providing training specifically to behavioral health professionals on best practices on supporting people with intellectual and developmental disabilities. That committee has worked very hard to expand the library of computer-based training courses that are available to all behavioral health professionals throughout the state. Through the Relias training platform, they have added a little over 100 new classes specific to people with ID and DDD diagnoses and supporting folks. They have also identified a core curriculum of 12 different courses that the Division is incentivizing the behavioral health providers by having at least 10% of their workforce completing those 12 courses, plus taking one, it's an instructor led live course, through Relias platform, that is co-trained with our Behavioral Health Administration, as well as representatives from our OIFA team here in DDD, to better teach the behavioral health providers specifically about how the Division operates, on what we can and cannot do on our eligibility on our services, on how we want to work collaboratively through the behavioral health providers for what's best for our members. Those trainings are going to start rolling out next month. They're going to occur for an extended period of time initially for six months weekly and it will be evaluated after that. But we continue to want to make that available to the behavioral health community.

Leah Gibbs: Our second project in improving the relationship and behavioral health for our members, is moving forward with our positive behavior support training that is being rolled out, not only for interested, family members and caregivers at no cost to them. It is being required by the direct support professionals who work in our DDD supported group homes and intermediate care facilities. And it is going to be incentivized for qualified vendors to roll out the training for their direct support workforce. That training curriculum has been...

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Leah Gibbs: Initially reviewed, it has been presented to our executive leadership. We just did a workshop presentation of the curriculum with some of the direct support professionals in our state operated program as well as some of the master trainers and some of the qualified vendor community, to do a workshop walk through content and we're going to do a second workshop of content in early November with some family members as well as other interested folks from the Master Trainer community. In January is when we plan to roll out the trainer for that so that we have a consistent training of how that material is delivered.

Leah Gibbs: So far, the feedback we've received has been very, very positive, including correcting, some communication, around a specific concern, shared by our IOC. And that has to do with having a conversation about punishment, helping people recognize what punishment might look like, even though people think they're doing it in the betterment of the behavior for the individual in helping people understand that in a positive behavior support platform, we're teaching people different ways rather than punishing people for behavior.



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Leah Gibbs: So that's all part of that curriculum. We have contracted with Raising Special Kids, who is going to be the agency that will provide that training statewide to family members and interested caregivers as well as any interested independent oversight committee members, who would like to take that training. They will be providing that to you. They plan to provide the training in evenings and weekends, different times to accommodate folks. They are also going to be sponsoring a weekly technical assistance drop-in, call for people who've completed the training, who are implementing the skills that they've learned and maybe are having some barriers or questions and would like to be able to draw from some subject matter experts. So that will also be part of that rollout. Our third process that we're doing is how we are supporting people who have complex behavioral health and developmental disability needs. Through a special type of group home called a behavioral supported group home, it was part of legislation last year and it will be a new licensure type of group home as the Department of Health Services rolls out the rules around that licensure. In the meantime, the Division is supporting enhanced behavioral group homes. Hi Linda, go ahead.

Linda Mecham: I just have a question, are those behavioral supported group homes? Are they under DHS or are they monitored by DHS or does DDD pay it, play a role in that and will we see incident reports on those?

Leah Gibbs: Absolutely, they are still DDD group homes, just like our current group homes are licensed by the Department of Health Services. We monitor and they monitor. So it's the same kind of thing. It'll just be under a different set of rules. and...

Linda Mecham: Right.

Leah Gibbs: So those are continuing to grow. I think that Zane had mentioned that the Division has been struggling a little bit with our current qualified vendor network around interests and training of the vendor community to meet those service needs for those complex members. So we are looking at doing an RFP, request for proposal, and reaching out to expand that network to people who may not be currently qualified vendors with the goal of once we find those providers who have that skill set then transition them to be a vendor eventually.

Leah Gibbs: In addition, Zane shared with the group about the work that we're doing around our requests for qualified vendor application. It has been a little over 10 years since the Division has updated its contract with the qualified vendor community. So we are rolling out a new contract but it's going into effect in March of 2024. Starting in September, all of the existing qualified vendors, who are contracted with the Division, are undergoing the process of applying for the new contract. Our contracts administration is doing regular drop-in technical assistance sessions so that vendors who might be struggling with how to fill out that new application can contact and call-in and get the assistance that they need in order to be successful in that transition. There are a little over 1,000 qualified vendors on contract at this time that are transitioning to the new contract come March.



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Leah Gibbs: Our absolute, number one goal is to have no break in service whatsoever for any members. If by any reason a contractor decides that they may not want to continue the relationship with the Division. We will be working with all of their direct support staff and transition, those members to other qualified vendors so that there will be no break in service through this transition. As of today, I am unaware of any vendor who has said, "I'm not going to do this". So we are doing everything we can to make this as smooth, a transition as we can. We are tracking those vendors who have started the new application process or reaching out to those who have not started yet, to make sure they're aware. They need to get this done and we're working toward that.

Leah Gibbs: The last update that Zane shared was related to, I don't have my notes in front of me, Linda, it is to the accreditation of the Division for the National Committee, right, Of Quality Assurance and as an IOC you are seeing more and more policy updates coming your way for that, 30 day advanced period before they go out for public comment. And the reason for that is us working very hard to comply with the standards and requirements of that accreditation. And in the long run, what it does is make us much more transparent in our policies to the public about the work that we do and how we do it and what's happening out there. It's gonna take well over a year to get there. Our goal is to be accredited by 2025, but it is part of why you're seeing so many changes in policies that are coming your way. So those are the biggest three that we discussed as part of that committee. Anybody have any questions? Hi Eva.

Eva Hamant: Okay, so later on in the agenda, we have the AHCCCS grant for People with IDD mental health and I saw you and Mary DeCarlo's name on the survey thing and I was wondering, is DDD doing anything to help do get this survey out to our members.

Leah Gibbs: Yes, absolutely. It's going more than just the membership. It's going to go out through our newsletters, to our qualified vendor community, to our own staff, as well as members of the public who receive our E newsletter. Eva, I don't have dates for that yet. The program is called Start, S T, A R T but they're gonna do a full survey. And with us we have already spoken with our communications team about that. They are also going to be doing some targeted forums with different folks within the community around getting that feedback of our current processes that are in place. At this point people have not been identified yet, it's been more of a higher level of what types of cross representation do they want to seek out? And we're working with our Behavioral Health Administration to identify folks, who would be invited in for forums. There has not been a specific conversation about IOC membership. However, I am happy to take that back if there is an interest.

Eva Hamant: We all got notified for the webinar and I took it and it's on our agenda and so are support coordinators going to. so I missed when you talked about all those people. So you're



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Leah Gibbs: For the surveys. Yes, it's gonna go out to our own staff, through our echo, which is our internal communication. It's going to go out to our provider community, through our shout, which is their newsletter. And it's going to go out to everyone who receives our OIFA E-newsletter. So that's members and families and anyone who has signed up to receive that newsletter.

Eva Hamant: Okay, because I was trying to figure out how to get that survey out, so that's something.

00:30:00

Leah Gibbs: It's gonna get out. Definitely gonna get out.

Eva Hamant: So the people who are not in DDD or have the other issues. Because it includes people in DDD and people who are not. So I was just wondering if there was anything because sometimes you have people that only get case management. So I don't know if they get all those newsletters or not.

Leah Gibbs: They do,...

Eva Hamant: Okay.

Leah Gibbs: Absolutely, it's our entire population.

Eva Hamant: Okay, because people who are not in our population are also included in this survey.

Leah Gibbs: But I don't have a way to get the survey out to them.

Leah Gibbs: You're very welcome. Any other questions for me? Thank you, Linda, for letting me have that opportunity.

Linda Mecham: It has a question. literally,

Leah Gibbs: Oops, Eva has her hand up.

Eva Hamant: Okay, so something was brought up at the statewide meetings and I needed to ask you because I thought you were the one that years ago when DDD got dinged for not complying or whatever. And you had a

Eva Hamant: Weren't you the one that had us all go out and monitor the ICF?

Leah Gibbs: No mam.

Linda Mecham: No, I'll bring that up, Eva. That's No,...

Eva Hamant: I thought it was you that I just wanted to ask you before you get...

Linda Mecham: no no, no no. Sorry, no.



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Leah Gibbs: No problem.

Eva Hamant: Because I thought it was, so I just wanted to ask you before you left.

Leah Gibbs: No problem. And I'm still here, just till about 11.

Linda Mecham: So, additionally, with regards to the statewide, we'll jump down to item number 10. On the agenda was also and this was brought up by District West. DDD no, excuse me IOCs monitoring the group homes and this is where this came in what Leah or what Eva was asking.

Linda Mecham: Personally, I don't want to monitor group homes. We've got enough on our plates and I said, So in this meeting, that's my personal opinion. If you guys are interested in group homes, going in and monitoring group homes, we can certainly discuss that at our next meeting. It's not a topic on the agenda, just as an update for what happened at statewide. So this is something that you got that our IOC's interested in pursuing, we can put on the agenda and discuss that further. Personally, I think we have enough to do with oversight and I don't believe even that is within the scope of the statute that we monitor group homes.

Linda Mecham: What happened, with regards to the ICFs. And I brought this up at the meeting and I have done research since the meeting. What happened was AHCCCS needed independent eyes and ears on the ICFs. At the same time, they also needed someone to sit in on an independent oversight committee. Because the ICFs and Angela, those are the intermediate care facilities. How do I put this? Leah. What are ICFs, tell her. You've got such politically correct wording today.

Leah Gibbs: Intermediate Care Facilities are historically been termed institutions. They fall under the federal code of regulations. They are specific for people who have intellectual disabilities, who would benefit from active treatment. And in the state of Arizona, we have intermediate care facilities that are located in Coolidge, that have multiple facilities on the grounds. There are four intermediate care facilities currently in Phoenix that are state operated and one private intermediate care facility. Part of the Division of Developmental Disabilities relationship, and the work that we do is to try to promote having people live in the community in a more effective manner than living in intermediate care facility or institution. Does that help some, Linda?

Linda Mecham: It does. Thank you.

00:35:00

Leah Gibbs: Thank you.

Linda Mecham: And I didn't realize we had four, I thought we only had three in Phoenix. But at the time we had three and we as an IOC were asked to go visit them on behalf of AHCCCS for independent eyes and ears for them. We only did it. The one time we have not done it since then and Fredereaka, maybe you can...



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Linda Mecham: follow up on that to see if we are supposed to still be doing that. Also at that time, as I mentioned, they also asked that a member or a staff from the ICFs, be on our Independent Oversight Committee and that was when Marlene Riggs came on board and she served on the committee for several years until such time as the guidelines for who was to be working in the ICFs. I think they've changed that it all had to be a nursing staff. Something to that effect. Is that correct?

Linda Mecham: James or Leah would know that, but I believe that that was what the status was that it needed to be nursing staff at the ICFs. Because Marlene did not have a nursing degree, she went and is working in another facility, and at that time, she resigned from the committee because she was no longer on the ICFs. So that's what that was all about. And when I said that, Zane was surprised and I think that it must have been done before he came on board as DDD director. So he was not aware that we had done that. But that was the only reason that we did it was because we were asked to do it. AHCCCS asked DDD to have someone do that for eyes and ears. So that was what that was about. There was quite a discussion with regards to group home monitoring. And as I said, we can discuss that another meeting if we all want to pursue that and pretty much that. Pretty much that was the takeaway from our statewide. Lisa, you had your hand up.

Linda Mecham: Okay. Yeah.

Lisa Ehlenberger: *I just wanted to mention that I think I was around at that time when we did go and visit the state ICFs. I think in my understanding as well. I think the IOC did monitor group homes. They would go into the group homes. My aunt Carol was from 20 years ago and I don't* know if it was through the ARC and IOC and HRC, excuse me.

Linda Mecham: Leah, do you want to address that?

Leah Gibbs: I thank you a long time ago and it was about 20 years ago because that's when I was an IOC member. It was through the ARC of Arizona that there was monitoring independently into the group homes. That was not an IOC function, it was through the ARC of Arizona.

Linda Mecham: And to piggyback on that, the ARC sent their report to the IOCs, HRCs, at the time. And that was one thing that Karen. And Karen, Angela, was our previous chair. She passed away about a year and a half ago. But that was always one thing that Karen was always very passionate about, was to get those ARC reports. We haven't seen those of course, and apparently, it's going to start up again. That's what I understand. So, it was not us, Lisa, it was not the IOCs, it was through the ARC and then the ARC sent the report to review and I think at the time, it was just District one because District one was the majority. It was statewide.

Leah Gibbs: Yeah, I remember going to Flagstaff and monitoring. Yeah.

Linda Mecham: And so they sent the ARC, sent reports to DDDs, all IOCs, correct. Okay.



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Linda Mecham: So anything else on statewide any questions? Perfect. All right, Eva this next one, the review of SARS and Ash motion and answer. Do you have any comment about that?

Eva Hamant: So, I found it very interesting that the member that we sent the information about. First of all, in the letter, I thought it was "telling" that our patients with neural development disorder are frequently in need of specialized services, different from those that the state hospital is intended to provide. So, I mean, having our members there, they're not getting what they need. So the one that we sent the issues on our motion, in case, nobody read it.

00:40:00

Eva Hamant: Was the fact that he went over a month without an incident. He's getting one on one therapy with a sign, contact person, increased level of supervision and regular sessions with the Treatment team. and after multiple medical trials, the meds seem to be helping him. So actually, what I found interesting was. Because I read closed IRS. Supposedly they were sending IRS. And so, maybe we need to ask James where these IRs go that have seclusion because it says, in the orders for SARS, which is seclusion and restraint, all orders for the use of SARS written or telephonic, must include the name of the mental health provider ordering the seclusion or restraint, the date and time of the order, specific safety devices ordered for the use of the restraint, if a applicable, criteria for release including the specific behavior to be eliminated and the maximum duration of the seclusion and restraints. It is not acceptable that the patients will no longer exhibit the behavior that is dangerous to self or others as criteria for release. In our monthly reports, all we get is mechanical or chemical restraint and how much they're in there. Since every month. So they send a monthly report of SARs involving DD members. It is provided unredacted to the DDD staff on or around the 2nd Thursday of each month with data from the preceding month. The first report was requested in September of 2022 and we've been submitting monthly reports since January of 2023 upon the request of DDD. In addition, ASH submits the incident reports to the Central DDD Intake Office the following business day with every incident involving a DDD member receiving treatment at Ash. And so, my thing is, where are these IRS? And partially, I mean, part of the issue is since it is supposedly they have, in their SARs report, they actually have what specific behavior they were trying to eliminate in this chemical and physical restraint. And I don't think I have ever seen when I actually got them, that they actually talked about the specific thing other than this general that they were a danger to self or others. And so I guess what we need. I would like the committee to think about is, where are all these IRS on these ASH members? What category do they get put in? And on the same token, is there a way that if QMU gets these SARs reports from ASH, that possibly we find out, in the IRS that we are eligible to see, what specific Information...

00:45:00

Eva Hamant: What specific behavior were they trying to do? And find out why? What was the criteria for their release? Because everything looked really, that they were doing all this stuff and all this other stuff. But on the same token...



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Eva Hamant: Because I noticed if nobody reads the ASH criteria, that one of them, maybe behavior two. So this month, my favorite one, M, had three and the one that we sent the motion on was not there and the third one hasn't shown up. I think she showed up last month. So in other words, things are improving because the fact that they spent all this time on our motion person. So it just seems that because we're getting involved, they are taking better care of our three members that are in ASH. And so I guess what I need to do is, it is what our committee needs to do, is to find out from James where these ASH reports. I mean which category do they put them in? And find out if they could make sure that we get their specific behavior that they're trying to eliminate and why the "behavior plan" did not work that they had to do chemical or physical restraints.

Linda Mecham: James.

James Maio: Yes. So I guess I can answer some of that. It is that there is no specific category just for Arizona State, on the type of incident that is reported. So we don't have a specific assigned type or category for Arizona State Hospital and because the Arizona State Hospital isn't a contracted vendor there, when they come in, they come in under, "No provider" because again, we don't contract with the Arizona State Hospital, so they're not in our system, to put them all in but we do preface the descriptions of all their incidents with, "per the Arizona State Hospital". So there is a declaration at the beginning of every incident for those members that it's from the State Hospital. But It isn't under a specific type or category that you'd be able to say, all of them will come in under this specific type or category. It's whatever they're reporting. So a lot of them come in, if they're restraints, they come in, they'll be under the restraint category but they're not all because of that. Some of them are under other behavior. It just depends on what's being reported by the hospital, the state hospital.

Linda Mecham: Is there a way that we can single out the ASH reports?

James Maio: You have to ask Leah and Michelle because we don't pull them, they do.

Leah Gibbs: We do not have a capacity way to do that, Michelle, you know better than I do, but

Michelle Rademacher: So I was just looking at the monthly metadata reports to see if they could be singled out in that manner because we send three metadata reports that are pulled from the focus incidents that are entered. And when I look at the provider incident to consumer ratio, it's not going to come up there because there is not a no provider category. However If you look at the incidents per member, that one might show you the names of the individuals that are at ASH and it might be able to provide you more information on that. Go ahead James.

James Maio: That's what I was going to say is that there's only a handful of members that are at ASH and you could pull them by the individual members.

Linda Mecham: Okay.



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Linda Mecham: One thing as I was reviewing, our motion that we sent in as well as the answer. It might be my fault because when I sent the motion in, I did not specify the incident report. The questions that I sent in were general, in nature. They were the questions that you sent me. However, they were and they are general.

00:50:00

Linda Mecham: But if we wanted them to be specific to an individual, or to an IR, we would need to specify that. And I did not. So question number one, "What other least restrictive methods were tried and unsuccessful?" Because let me digress. Because what we got back, their answer is policy. It's all their policies which we know because we've read the codes and the statute. So, we know what those are. It was interesting to see what they wrote down, and maybe just the fact that they're writing it down brings it all of this back to their awareness. But when we're asking, question number one, "What other least restrictive methods were tried and unsuccessful?" That refers specifically to an incident. "Was there an ordering physician for the restraint?" Per the code and their policies. Yes, there is. But on this specific one, was there? So if you go through the questions that we sent in, they can't answer because I didn't send in with it and I didn't know that was what was wanted, was that you want that it needed to be specific to the three individuals or two specific incident reports. So if we want further clarification with regards to the motion that we sent in, we need to write it in specific to the incident report number. I don't know if we can get that information from them so it might be something that the ASH IOC might be able to get. Even though they are DD members.

Linda Mecham: I don't know. Leah Eva.

Linda Mecham: You're a mute.

Eva Hamant: And I know. So the biggest thing of it is maybe we don't have to ask ASH because according to this, they have a monthly report that they send to the DDD staff. And so is the DDD staff that gets these monthly reports, is that Leah and Michelle or is that QMU?

Linda Mecham: It's probably behavioral health. I would think. Michelle.

Michelle Rademacher: So we get, as you were describing on what you were reading from the response where it says ASH submits monthly report of all seclusion and restraint events involving DDD members. It is provided unredacted to DDD staff on or around the 2nd Thursday of each month. That is what I receive and that is what I redact and send to you. I don't receive anything more than that. I don't know if something else goes to behavioral health within DDD. That's something we can look into. But what I send you is exactly what ASH sends me straight from Lisa Wynn to email.

Eva Hamant: So, maybe what we need to do is, Since supposedly, all orders have to include it. So maybe what we need to do is ask ASH to send in their monthly report, the date and time of the order, the specific of safety device ordered for the use in the restraint and the specific behavior we eliminated and for the maximum duration of the seclusion, and restraints. Now, supposedly according to the rule, and I had trouble with this, was with the maximum was three hours with 48 hours in between, and yet they talked about 24



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hours and I did not understand how they got 24 hours, when the policy said there had to be 48 hours between the two. So, I guess part of what my motion would be is to have ASH include that kind of information when they send their monthly reports over so that the IRs are not these generic IRs that danger to self or, he attacked somebody or whatever.

00:55:00

Linda Mecham: Right. Okay, and I'm not trying to cut you off on this subject, but I think we're getting into an area where we need to have a subcommittee on this. We need to study this motion as a subcommittee and review what the questions are and we can do this next month and come back to our next meeting and have some proposals for the committee to review based upon what we really want to know, but I think we could talk about this all day seriously, but I'm wondering if that would be okay with you, Eva, since you're the one I'll be happy to visit with you about, Carolyn's real good about the medical stuff. Anybody we had we can't have more than four because it has to be less than quorum. So, would anybody else like to join Eva on discussing this motion and their response and how to move forward on it?

Linda Mecham: Okay, Eva, you and I'll do this. Okay. We'll get together.

Eva Hamant: Okay.

Linda Mecham: You come here, I'll go to your place or we can talk on the phone like we always do and we'll get this figured out. We'll review what their response was. We'll talk about what it is we really want to find and then we'll present it at our next meeting in a more concise, cohesive way. Is this how we want to move forward? Let's vote on it and do it, okay?

Lisa Ehlenberger: And this is Lisa. I'd like to join if I'm available. Okay.

Linda Mecham: Perfect. And as long as, if we're on a zoom call or FaceTime or whatever, you got to show us where you are. For those of you that don't know,...

Lisa Ehlenberger: Yes.

Linda Mecham: Lisa's in the Dominican Republic, cruising the Caribbean. I'm jealous. Yeah.

Carolyn Willmer: And Linda, I'll attend if I can but if not I can kind of be like a consultant on the medical aspect of things. So

Linda Mecham: Okay.

Linda Mecham: Okay, okay, Lisa and Eva, and I for sure, and we will talk to you Carolyn. We can't have more than three, okay. We can't have four. Isn't that correct? Larry

Carolyn Willmer: Okay.



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Linda Mecham: Michelle shaking, nodding her head.

Lawrence Allen: Yes. Yes, that's correct. Sorry, I couldn't help, unmute fast enough.

Review of Annual Report

Linda Mecham: That's all. So that's how we'll move forward on that. Thank you Eva, for all your work on this seclusion and restraint and all your reading. It really is good. All right, moving next to our annual report. I sent it to you guys. Were you able to read it? I know it's a little long, not as long as last year, but it's a little bit long. Were you able to read it? Carolyn, I've got your corrections. And I did quote Leah from the transcript and I think she was reading, that was a prepared statement. So that's what that is. So with regards to those corrections and then I think there's a formatting issue under the residential billing. I just put residential billing and then I put our motion and both of that was bold and underlined and I need to have a little bit of a paragraph and I think I'll italicize or do something to differentiate so that it's understood that that's all part of the residential billing section. So did anybody else have any typos, grammatical information?

Eva Hamant: I sent you an email last night and I so,...

Linda Mecham: I haven't seen it.

Eva Hamant: I do believe that we should put specific information in the ASH section that they did not send the reports from, I wrote in there.

Linda Mecham: I did see that but you know what, Eva, they were sending them. It's just that they were going to Behavioral health. Behavioral health was not sending them to us. Is that what are you talking about prior to January 2023? Or.

Eva Hamant: Where are all the IRs where James and the QMU had to read all the IRs that they did not send. They didn't send those IRs.

01:00:00

Linda Mecham: I thought we had gotten all the IRs for the timeframe. And Leah, I was in that meeting with you and Carl. We've got everything and they have sent it within the correct time frame, correct?

James Maio: I believe that they did send them all. Yeah.

Eva Hamant: As they occurred or at the end?

Leah Gibbs: Remember, Eva, there was a point in time that there was a misunderstanding and their IRs were going straight to the Behavioral Health Administration and those have all been corrected. They've all been put into the system and they are all caught up and the change was made that they're going to the right place.



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Linda Mecham: We've gotten them all.

Eva Hamant: But since there was something in the newspaper about ASH and the quality of I just thought the fact that they miss sent them, during this particular time and they never did that before should be included in our report.

Leah Gibbs: That was at the request of someone from the Behavioral Health Administration within DDD. It was not ASH changing a process. It was a misunderstanding internally in the Division. But all of that information has in fact been shared back through the committee and Linda did, in fact have a meeting with our quality assurance manager as soon as we identified the breakdown in communication

Eva Hamant: Okay, I didn't realize it was a communication, I thought it was maybe ASH's problem. Okay, thank you.

Linda Mecham: No. No, it wasn't. It was a DD misunderstanding and it's all been clarified. I personally do not want to put that in the report. It's not necessary. It's been fixed, it was just a misunderstanding that wasn't done on purpose or anything else. So we don't need...

Eva Hamant: That's okay, it's okay. I did not understand. I thought it was ASH and not DDD.

Linda Mecham: Yeah, I did. See your email and I remember that. Okay, anything else, any other? Corrections. with regards to the Yes.

+1 602-*-**22:** Linda, this is Deb. Hello on page, eight.

Linda Mecham: Yep.

+1 602-*-**22:** The second paragraph that originates, it says, we're here today to propose consideration. You see that pair?

Linda Mecham: Yep.

+1 602-*-**22:** About halfway down, it says, the Division also believes the current statute does not take into consideration, period. And then it goes on to say, the current clinical indications based. Yeah, that sentence needs to be reworked.

Linda Mecham: Otherwise, I see,... I see. Thank you for that, okay.

Linda Mecham: What happens, because what I did was I copy pasted from the transcript and the transcript is verbatim, the way we talk. If you guys have not looked at this transcript...



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Linda Mecham: I mean, our meetings are like 70 pages long. It catches everything. There is no editing and then every five minutes, there's a minute bar or I don't know, but there's minute bars in there and then it will stop in the middle of a sentence and say, "Leah is speaking", and then it continues on. So I tried to go through here and take out all the minute bars and Leah is speaking, and every other thing. But Michelle, I'm not being critical, Michelle, please don't take it that way. It's just very interesting to hear how we really talk or to read it, it's terrible, but as an English teacher, it's terrible. Michelle, you had a comment.

Michelle Rademacher: I was just gonna let you know, I do edit it to make, for accuracy by following the minutes. But if you want me to change what it looks like in the format, just talk about it with the committee and let me know.

Linda Mecham: You're fine. And I was talking about grammatical errors. That's ...

Michelle Rademacher: Okay.

Linda Mecham: I think it feels like I'm reading a thesis and a term paper or something. When I'm reading these things. And believe me, I'm gonna start looking at those a little more. Not, I meant in preparation for the next annual report. I always review them. So anything else, Debbie, on that. Did you have any other comments?

+1 602-*-**22:** No, there's a couple of sentences though that just kind of need to be reworked.

01:05:00

Linda Mecham: Talk to Leah, that's her quote. I'm kidding, Leah. I'll do it. I'll take a look at it.

+1 602-*-**22:** The content was good. That first sentence just kind of stopped and then it should be probably a comma or something to connect with the next sentence.

Linda Mecham: I do have a comment with regard to the ECT. That's what this subject is and I know you're gonna probably have to hop off but the subject starting on page eight for annual report is the ECT and I don't know if you remember exactly, but I remember that I was called out on it in our statewide meeting because you had given us incorrect information and Susie...

Leah Gibbs: Yeah Linda that's correct. When I originally reported out to the committee, it was information that was made available to me and I was told that because of the law ECT was not available to DDD members and what was corrected was that it is in fact a procedure that it's an AHCCCS approved procedure for behavioral health. What DDD cannot do is fund ECT.

Linda Mecham: Okay, because I want to correct this record in there. I just want to correct what you put in there. So she said, DDD, they cannot. It's AHCCCS approved, but DDD, what did she say?

James Maio: DDD cannot fund it.



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Linda Mecham: Thanks James.

Linda Mecham: All right, I'll put that in there. Anything else with regards to the annual report, then? Alrighty.

Eva Hamant: They can't do it at ASH. ECT cannot be done at ASH because they don't have the facilities for it.

Linda Mecham: Correct. That's correct.

Linda Mecham: Okay, so our next topic is number eight. I just want to know how we want to move forward on the medical and the deaths and mortality review questions that Carolyn has come up with. Eva.

Eva Hamant: So basically I was wondering should we make a motion to approve the Annual Report with corrections?

Motion and Vote

Eva Hamant: Can I make that motion?

Linda Mecham: Go ahead.

Eva Hamant: Eva wants to make a motion to approve the annual report with corrections.

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

Linda Mecham: Debbie seconded it. All right. Let's have a vote Debbie.

+1 602-*-**22:** Yes.

Linda Mecham: Carolyn.

Carolyn Willmer: Yes.

Linda Mecham: Lisa

Lisa Ehlenberger: Yes.

Linda Mecham: Eva.

Eva Hamant: Yes.

Linda Mecham: Did we lose Mandy? I thought was ...

Mandy Harman: Hi.



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Linda Mecham: There she is. Hi, Mandy. Cute top. So do you vote,...

Mandy Harman: Thank you.

Linda Mecham: how do you vote on this?

Mandy Harman: Yes.

Linda Mecham: Thank you very much. we don't need to discuss. We've had the discussion. I'll make the corrections and I do need from and I'll get it from Patricia. How many incident reports we have reviewed? And how many is that still necessary? Larry? And the number of behavior treatment plans we've reviewed.

Lawrence Allen: If you have that data, that would be great. I think the more you can have in your report, the better to show your committee's work.

Linda Mecham: Okay.

Michelle Rademacher: This is Michelle. I can get you the number of incident reports you reviewed. But unfortunately, I don't have data on the behavior plans.

Linda Mecham: I'll get that from Patricia. Okay, yeah. All right, thanks everybody for that. I appreciate it. I'm just glad it's done. All right, Carolyn, with regards to the medical, deaths, mortality review questions.

Medical/Deaths/Mortality Review Questions

Carolyn Willmer: Yeah.

Linda Mecham: And how do you want to move forward on this? Because that was something we discussed several months ago, but we haven't, and I know you're starting your busy season, but how do we want to move forward on this?

01:10:00

Carolyn Willmer: So, my thoughts are first for item Number one, I would love for DDD to help us understand the mortality review process. And what might be really helpful is if they could come to us by the next meeting with a flow chart of the mortality review process. It doesn't have to even have to be on the computer. It could literally be hand done, but I can tell you that I developed some very complicated procedures for Head Start because we were dealing with difficult situations and multiple organizations. And I would create flow charts to help people understand the process. And so, I think it would be really helpful if we could see at least the mortality review process, flow charted and perhaps the quality of care concerns flow charted as well. Then for number two, I would love to get some current data on the top 10 causes of deaths in DDD members.



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Carolyn Willmer: For number three, a discussion of the fatal five preventable conditions. I'm wondering how these conditions can be better addressed in the person's centered care plans. I do feel like the person-centered care plans are sometimes very weak in terms of the health aspect of those plans. And then number four, I would love some more clarification on how unexpected deaths are handled differently from expected deaths.

Carolyn Willmer: Number five, I would like a better understanding of the review of records required after a death. We were told that all deaths require a review of records for 90 days prior to the death. But I didn't see that listed in 6002M or any of the other policies and it's possible. I missed it in the policies but I did not see it. So I'd like to know where that is in the policies. And then last item, when are death certificate information, autopsy results, used in the QOC concerns and mortality review processes?

Linda Mecham: These, in case you guys are wondering where those questions are, they're on page seven of the annual report. They were submitted with that. So, if you want to review those questions that she just presented. So we need a flow chart. We need clarification. What I would suggest is that we have a motion where we ask whoever in DDD, and I'm assuming it would be the mortality review board, but we will forward that to Larry. Larry can forward it to Michelle and then it gets disseminated from there. Do we have a motion, "Requesting clarification and further information on these six questions that Carolyn has just discussed."

Motion and Vote

Carolyn Willmer: I, Carolyn, make a motion that at the next meeting that we have DDD staff come to us and discuss the six questions just previously described.

Linda Mecham: Do I have a second?

Linda Mecham: Eva, thank you. Do we need further discussion on this?

Michelle Rademacher: We need Eva to verbalize her second for the camera and the video and the transcript.

Eva Hamant: I'm sorry, Eva seconds.

Linda Mecham: I'm sorry, Michelle. The recording can't see her hand being raised, right.

Linda Mecham: Okay, so the only discussion that I would like to bring forward is Carolyn, I have these questions. But if you could further explain like what you just said in the conversation, expand upon the question, specifying exactly what it is you would like for them to review, all right, or to come to us with the answers. Would you? Okay just do that and...

Carolyn Willmer: Okay.



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Linda Mecham: then send it to me and then I will forward it on to Larry. All right.

Carolyn Willmer: Okay.

Linda Mecham: Okay, thank you very much.

Linda Mecham: Any other comments? All right, let's have a vote. All in favor. Wait. We have to do this verbally. Lisa.

Lisa Ehlenberger: Yes.

Linda Mecham: Debbie.

+1 602-*-**22:** Yes.

Linda Mecham: Carolyn.

Carolyn Willmer: Yes.

Linda Mecham: Mandy

Mandy Harman: Yes.

Linda Mecham: Eva

Eva Hamant: Yes.

Linda Mecham: So five have voted for this. Thank you, Carolyn. I appreciate that we're moving forward on this because we had quite a few monthly meetings where we discussed it. So I'm glad to be seeing that we're going to be getting to the bottom of it, getting some answers. All right, item number nine, IDD Mental health, the grant from AHCCCS. Eva, do you want to just take a few minutes and tell us about this.

**IDD-MH (Intellectual and Developmental Disabilities and Mental Health)
Grant from AHCCCS**

Eva Hamant: Okay, so part of it was discussing what I asked the question of Leah. So part of it is the survey they want to get as many people as possible. So it sounds like DDD is doing a good job of reaching out to people in the DDD community. But it also includes people with IDD mental health issues that qualify for ACCESS and do not qualify for DD. And I took the webinar. And so they're reaching out to the rural communities, in the city communities and they're trying. There's also the letter in English and Spanish on the survey form for possibly doing in-person thing. So I was going to ask the committee if people who



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Eva Hamant: Have IDD mental health issues that are not in DDD. And pass the surveys out to them. Because what they want to do, at least by March, is to be able to present to, this is from the University of New Hampshire, this START team. And they want to present to AHCCCS what they can do about, what part of the services are working, what are not working, especially maybe, possibly in the rural areas versus the urban areas. So the more people that take the survey and do the in-person interview, whether you are happy with your services, or Not happy with your services, would be really beneficial. So I think Michelle sent it out, right Michelle, previously. So, I just wanted to

Linda Mecham: You send it out.

Eva Hamant: So, I just wanted you to know that this is an AHCCCS funded Grant, that's looking because people with serious mental illness, turns out they sued, and they have lots of rights. So, if they go to Behavioral Health Hospital, they can keep their phone, they can wear their clothes, they have to have an exit plan, they just can't go into the hospital. They have to talk about how they're going to get them out of the hospital. And when our individuals go into a mental health hospital, at least when I see the IRS, there's none of that except that 72 hours that they have to have a meeting with the support coordinators and discuss what happened. So it's none of this, they went into the hospital, how are you going to get out. The people with serious mental illness, plus the fact that in the rural areas, they don't have services, there's no providers up there especially if you're not in DDD. So,

Linda Mecham: So Eva, I have some contacts in the mental health field. And that spearhead committees and they also have tentacles out. So I will get in touch with them and send that. So that's one way to get it if they haven't already heard about it, They

01:20:00

Eva Hamant: That I want. Just, all when I forwarded that email, I deleted tons and tons of emails that you only saw the fact that Leah and Mary DeCarlo on that, they were the top one. So anybody that attended that workshop got that email on the survey. So there were lots of people, but thank you. Yeah.

Linda Mecham: It's good to just get out and we appreciate your advocacy on this and also attending it. That was good. So we already did 10. Was there anything else on that, Eva? I'm sorry.

PCSP (Person Centered Service Plan) Update

Linda Mecham: So number 11, the PCSP update. Lisa and Carolyn, you guys sit in on PRC. And I don't know if you guys are as picky about the PCSP as I am, but I have noticed that they are starting to get better, as far as getting the PCSP completely filled out like the former ISP were. So this transition from the ISP to the new PCSP document, where so much information was being lost. I think that the fact that we have brought this to DD's attention with specific BTPs and PCSPs. I think it's instrumental in DDD becoming aware of the fact that the support coordinators need to fill these out more completely. I've been sick, so you guys. Anyway.



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Linda Mecham: And I have read two, by one particular support coordinator. There was not one thing missing in the PCSP and congratulated her on that. And she said, Linda, they're really making a push to make sure that and doing some training to make sure that the PCSP's are completed. So as you two in particular, go through the PRC in the behavior plans and the PCSPs, make sure that they're being completed and that all sections are filled out. And frequently there are rights that are enumerated in the behavior plan and those rights restrictions that are enumerated in the behavior, make sure that those restrictions are also listed in the PCSP under Roman numeral 10. That's where those go in the PCSP and we've got to have a spending plan. The signatures need to be there. Member unable to sign is, not acceptable because generally the member's not the responsible party. A guardian is, or a rep payee or a pub fid. So just make sure that everything is completely filled out in the PCSPs. Eva

Eva Hamant: Just so when they send those things electronically to verbalize, so it turns out, Jim and I have to sign and then he has to sign for Rebecca. And I have to sign for the member. so every so

Linda Mecham: But you guys are the Guardians, correct? Yes,...

Eva Hamant: Yeah, and so I know.

Linda Mecham: So that's why you have to sign. Yeah.

Eva Hamant: And so what I'm saying is, there should be no excuse, because once they sign it, the system automatically sends all those forms to be signed.

Linda Mecham: Exactly, I know. So just a heads up to make sure that the PCSPs are completed because it is a right violation if they don't have a completed document.

Next meeting?

Linda Mecham: Okay, with regards to our next meeting. Does anybody have anything to say about PCSP besides me? With regards, I was looking at the calendar. Our next meeting in November is the Monday right after Thanksgiving. And then, of course, we don't meet in December. So, I'm wondering how you guys feel about not meeting again until January. Is that too long or do you want to? How do you? And it's a discussion. So

01:25:00

Eva Hamant: The only problem comes in is Carolyn is asking somebody on the mortality committee to come. And hopefully, I can get this stuff on ASH done.

Linda Mecham: It takes a little bit of time to get with their schedules and calendaring for others. I'm thinking of the mortality board in particular. It might be a better scheduling tool if we could say January.



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Carolyn Willmer: Yeah, I agree with that Linda. I think it would give them more time to give us what we're asking for.

Linda Mecham: Yeah.

Linda Mecham: Anybody have any thoughts? I know Debbie. So Debbie's daughter, as you guys know, is in the throes of preparing for a bone marrow transplant. She had her stem cells pulled last week and now they're going to be doing bone marrow transplant. I'm just speaking on your behalf Debbie, because I know that.

+1 602-*-**22:** Yeah, November will be hard for me because that's within her 30 days where she's in complete seclusion. She'd does her transplant. Next Monday. I should go to the hospital this Sunday and so she has to be watched 24/7, and be in complete seclusion. And so I'll be there in the day, her husband at night, so that might be kind of difficult for me. So I would be happy to wait till January.

Lisa Ehlenberger: I'm not opposed to waiting for January. I think we'll still get emails in regards to joining PRC, etc. Correct?

Linda Mecham: Yes.

Mandy Harman: And I have medical stuff coming up for me too, but are coming. So it'll be there to start over in January.

Linda Mecham: After the holidays. We wish you luck with your medical, Mandy, will Keep us posted on that. I'm serious.

Mandy Harman: Yes. Yes.

Linda Mecham: We keep that you and we want to know that. Okay, okay.

Mandy Harman: Yeah, yeah. call you later and sort of explain it, what? Yeah.

Linda Mecham: All right, Eva, Do you have thoughts? Gives you a little more time to prepare your stuff too.

Eva Hamant: I'm agreeable.

Linda Mecham: All right.

Eva Hamant: And besides that, it is four to one.

Linda Mecham: My vote doesn't count. So it's three.

Eva Hamant: I know.



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Linda Mecham: Wait, it is four. Sorry. You and I need to do the ASH thing. And so we got enough on our. And...

Lisa Ehlenberger: And I'd like to join the ASH

Linda Mecham: Yeah, yeah.

Linda Mecham: I gotta write that down, Lisa, send me a "Linda, don't forget me", right.

Linda Mecham: So we will meet again. Then do we need to have a motion on that? Larry.

Lawrence Allen: Yeah, I think that's good practice to do that. It's a committee decision, a committee vote. So yes.

Motion and Vote

Linda Mecham: All right. Since we normally meet monthly. So All right, so I have a motion.

Eva Hamant: So Eva makes the motion to skip November and December and restart in January for IOC meetings.

Lisa Ehlenberger: Lisa seconds that motion.

Linda Mecham: Hey Lisa,...

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

Linda Mecham: thank you and verbal voting. Mandy.

Mandy Harman: Yes.

Linda Mecham: Lisa.

Lisa Ehlenberger: Yes

Linda Mecham: Debbie.

+1 602-*-**22:** Yes.

Linda Mecham: Carolyn.

Carolyn Willmer: Yes.

Linda Mecham: Eva.



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Eva Hamant: Yes.

Linda Mecham: Okay begrudgingly, I'm kidding you, I'm sorry. All right, so our next meeting will be the fourth Monday in January. And in the meantime we all have paperwork that we need to do. Let's get ready for the Holidays. And We'll come back rested and ready to go. Larry and I had a conversation with regards to the executive session and the incident reports. Larry, if you don't mind. And I know James has a comment about this as well,...

Incident Reports and Executive Session Explanation

01:30:00

Linda Mecham: Have this conversation? Go ahead Larry

Lawrence Allen: Yeah. In the course of the past few months, going back and forth with a couple of auditors. It's come to our attention that some of the items that we're going into executive session for can be discussed in a public meeting. Meaning specifically, the incident reports. If you, say you give James the incident number, he can look it up and he can have a discussion about that incident report without divulging PII information on that particular individual. And at that point, we can have discussions without divulging whether it's male or female, whether it's the age of that individual or whatnot. So you can have a discussion about these reports in a public setting. Now I understand that there is going to be some times when you need to do a deeper dive on a report, you need to get more to the details of what happened and whatnot, but I think it's best practice if the committee will have discussions on these particular reports in the public setting. That was my comment on that and I do think it can be done. I do that with our ASH meetings as well. They do a very good job on that. And they go through a lot of incident reports and they go through what happened. And they go through the details of the case without identifying a particular individual. Does that make sense?

Linda Mecham: It does. I'm uncomfortable with it personally...

Lawrence Allen: Okay.

Linda Mecham: But James.

James Maio: Yeah, that's my problem with it too. Is that in the discussions because we're sometimes talking about the details of the vendor. We're talking about, a lot of times, the member's first name is used. Sometimes some of that might give away details about the members life that it's too easy to slip up and give away something that maybe shouldn't be said on a public meeting. That's the only thing I worry about.



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Lawrence Allen: I agree. James, it does take practice and maybe we do that. We start practicing today and our executive session. But that was just my comment on that. I do know that there are times when there are slip ups. Or they mentioned that a he or she and just that little bit of information will kind of sway somebody's decision or somebody's thought process on that particular individual and identify that person. So I do understand that. I just wanted to put that out to the committee and we can have more discussions about this going far down the road, but I kick that back to you.

Linda Mecham: My concern is, okay, we can start out the conversation knowing that we are going to try to keep any personally identifying information out of the conversation. However, as we get into asking more detailed questions that James answers based on information that he gives us. And then we ask more questions and it comes back and forth. We don't know where that discussion is going to go. That could lead to "clues" if you will, as to who this individual may or may not be. And I would rather. So it's the Auditor General that has said this, correct?

Lawrence Allen: Yes.

Linda Mecham: So, for us, because we've all signed confidentiality agreements, James has to be careful because this is his very job, of what gets disclosed. And I would think that for our safety, all of the individuals involved, we would want to be in a setting where anything that may or may not slip would be protected. And like you and I said, we've done executive. I've been on the committee for 20 plus years, we've always gone into executive. We know a lot of these individuals already because we've been working in it for so long. And so, we may slip up accidentally, and when we read the same incident reports on the same individual over and over again.

01:35:00

Linda Mecham: Other details come in that I'm just not comfortable having anything to do with incident reports outside of an executive session, except for a general nature with regards to questions, like what we've discussed today with regards to mortality review or questions for ASH. Those are broad questions where individuals are not even discussed. So that's my feeling on it, Lisa.

Lisa Ehlenberger: I guess my question is what would be the benefit of reviewing the incident reports outside of executive session?

Lawrence Allen: Other than it's just a public meeting, there is no benefit. the general public needs to, has the right to know.

Carolyn Willmer: This is Carolyn. I feel strongly that the individual's right to privacy trumps the public's right to know and that if we want to make the information public about incident reports, I think there are ways to do that without taking something that you discovered,...



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Carolyn Willmer: privately in executive session, to having something be done publicly with possible violations of privacy. And we are also discussing HIPAA information which is protected by federal law.

Lisa Ehlenberger: Yes.

Carolyn Willmer: So I just feel very strongly with Linda that it would not be appropriate to have these discussions in public session. And I will also say, ...

Carolyn Willmer: I want us each to think about this. Personally, if somebody said to me Carolyn, we're going to be discussing your information, your medical information, in a public setting. And we're just going to have to practice about not disclosing something that might identify you as an individual and violate your privacy. I would say, "Hell no". And I think our members deserve the same respect.

Linda Mecham: James.

James Maio: I was just saying that. I think Larry had a good thing though, is that if we practice, we could do it in The session and then you can review the notes, And see how well we do and to see how it looks right? And I...it can't hurt us to try it to see how it goes.

Lawrence Allen: I don't know. Yeah, I've sat through several executive sessions and It's very doable. I mean you guys only slip up maybe once and it's just and you say he or she. Or you might throw in a name where it's really not necessary. So I think it's a good idea. We can try, it's what will take the next step? I'm not gonna worry about it, but I wanted to float this idea by the committee and get your thoughts on it.

Linda Mecham: Lisa, did you comments?

Lisa Ehlenberger: My only comment was, I mean, I was just kind of agreeing with Carolyn, as well, and kind of just thinking about maybe an incident that may have occurred with my cousin and having all the public or whoever is joining the meeting, because you never know who is going to join from the public. And then potentially describing the behavior and the individual. And I think that it thwarts the conversation of discussion as well when we have to continually process, *having to indicate individual at this age at a day program, it thwarts the conversation and discussion.*

01:40:00

Linda Mecham: Carolyn.

Carolyn Willmer: *I just wanted to add.* I feel that there are two things that need to happen. If we were to make this change One, is that DDD needs to make a strong case as to why this would be, the benefit would outweigh the risks, number one. And number two, DDD needs to explain why incident report information could not be made public in a more controlled manner separately, from Ad hoc discussions of private individuals' circumstances.

Linda Mecham: Can I just clarify? It's not DDD. It's the auditor General.



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Carolyn Willmer: Yeah. Sorry.

Lawrence Allen: Yeah, it's the Auditor General. It's not specifically them, but it's just open meeting law in general. So that's the reason why I wanted to bring this up to the committee to see if there was interest in doing this, but it doesn't sound like the committee is willing to do so, at least now, but we'll explore this down the road if need be, and I'm certainly not going to force the committee to do anything you're not comfortable doing. That's not why I'm here. But, like I mentioned earlier we could always try to do this through the executive session. Now that we already have it scheduled, we're doing, give it a shot, see how it does, see how it works. I think James does a very good job on giving you the information without divulging a lot of information if that makes sense. So those are just things that we can work through and all we can table this discussion now. And revisit this down the road. Eva, do you have a comment?

Linda Mecham: Eva.

Eva Hamant: Larry had this discussion and one time I tried to bring something up and everybody shot me down.

Linda Mecham: It wasn't everybody. It was me. You can call me out. It's all right. I have to monitor. You're right. I do. I'm the chair and I have to monitor it. That's correct.

Eva Hamant: And so basically maybe what we could do to keep Larry and the auditors happy. It is, I read the closed IRs. And so in some ways possibly when in the open meeting laws, we could talk about issues that we see without being specific. There are two issues that I have seen and I'm waiting and I made comments in the IRs and of course, then you have to wait, plus half the time we get the fact that this has nothing to do with the IR, so we don't need to discuss that. In the same token, two of my issues are how we had that abuse of neglect training for a year that we always had problems with, and now when we have individuals, who reports something, then they're just dismissed as not substantiated. And I said, Why do we have that abuse and neglect training thrown down their throats for a solid year and yet incidents get unsubstantiated?

Linda Mecham: They weren't tracking it and Zane did say that they were not tracking whether or not possible incidents or PTSD effects, if you will, came about because of that training. And I believe it was, in the last statewide that we had. Maybe it was just our last meeting where I asked about it. But Leah did say. I don't know. I've read so much. It's in one of our reports minutes where Leah did say that there is not much activity with regards to this. It's on a volunteer basis, but there's not a lot of people that are doing it. And they're reviewing the curriculum. But that's a whole nother subject. I just wanted to clarify that, with regards to the issues, we've said that we can bring the issues up during our public meeting, but I believe what. And I agree with Larry and James and everybody, let's practice, let's see if we can do it. And in the meantime, we'll table this. Carolyn, did you have one more thing to add?

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Carolyn Willmer: Sorry, no, I didn't.



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Linda Mecham: Okay, let's table this discussion. Let's practice in our executives, seeing how that works and only if James is comfortable doing it as well and us as well doing it. Can we do that? But we have to be so careful with the PII, with that personally identifying information.

James Maio: Yes. Pii

Incident Report Review

Linda Mecham: Was there anything of a general nature that came up as a result of the incident reports? This past month? Let me just ask everybody because I want to.

James Maio: I did have one thing Linda. I just wanted to ask. You guys were getting your questions answered. I did review with my staff to start giving better answers, more advanced responses. And did it make a difference to you in the responses that you're seeing? Have you guys noticed a difference? I've gone over them. I've had the supervisor reviewing them to make sure that they're answering all the questions as thoroughly as possible, reaching out to vendors even if it wasn't part of the investigative process. That they're still going out, and trying to get answers to your questions, either from the vendor, the support coordinator. There are a few there, I noticed that they are still pending responses because they have reached out, but have not gotten responses when it wasn't part of our internal investigation, say if they were not made into QOCs but yet we're still trying to get those answers for you. But have you guys noticed the difference?

Eva Hamant: I don't know, maybe I missed it in my thing, but I have not seen any responses to IRs for a while. Since you.

James Maio: And the only one that's not done, it looks like is the one from 10/3. So the one that is 9/21 was all completed.

Carolyn Willmer: And, James, we're getting those by email, right?

James Maio: Michelle would it be able to answer that?

Michelle Rademacher: Yes.

Carolyn Willmer: Because I haven't seen anything recently, either.

Michelle Rademacher: Yes.

Michelle Rademacher: No, the 9/21 response was provided to me by email to go ahead and distribute out to the committee. And that I was going to complete that task today. I get that taken care to you within a business day or less of receipt from the quality team.

James Maio: Okay, then I'll ask this question next time we meet then. Sorry.



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Linda Mecham: And we'll have a few months off, so we can really...

James Maio: Review them. Yeah.

Carolyn Willmer: Yes.

Linda Mecham: Let me just ask, Eva, you read all the closed, correct? Carolyn, which topics do you read?

Carolyn Willmer: I read closed for medication errors and physical abuse IRs. Just the closed.

Linda Mecham: And closed, right?

Carolyn Willmer: Yes, I don't read the open.

Linda Mecham: Okay. Lisa, what do you review?

Lisa Ehlenberger: Other abuse.

Linda Mecham: Okay.

Lisa Ehlenberger: There's a couple more.

Linda Mecham: If you guys could just email me your subjects so I can make sure. Mandy...

Lisa Ehlenberger: Sure.

Linda Mecham: Do you know which ones you read, off the top here?

Mandy Harman: I don't remember. I have to converse with you.

Linda Mecham: All right.

Lisa Ehlenberger: Yeah, Linda you sent us an email reminder in July of the ones that we recommitted to everything to the areas.

Linda Mecham: Thanks.

Lisa Ehlenberger: So you sent it out,...

Linda Mecham: So it was in July.

Lisa Ehlenberger: I believe July.

Linda Mecham: All right, thanks.

Mandy Harman: Yes, I know it was. Recently.



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Linda Mecham: I will resend that July so everybody knows. Okay what we're supposed to be doing.

Mandy Harman: And I'm terrible.

Linda Mecham: This is volunteer, so we all do the best we can. Mandy you've had some health issues. We're just glad to see you here. So thank you. All right, anything else on the incident reports? I should have put PRC with that. Can I ask about PRC, Michelle? It's supposed to be incident report and PRC review, I didn't put PRC there.

01:50:00

Michelle Rademacher: Okay. I understand what you're saying. We don't have anyone here from PRC today.

Linda Mecham: I want to know. What? Okay, Carolyn, I've got your dates. Lisa. Do you have dates for November? When you can.

Lisa Ehlenberger: I have my calendar out and I'll email you based upon...

Linda Mecham: Okay. All...

Lisa Ehlenberger: what you emailed me. I believe last week.

Linda Mecham: All right. Thank you. And then. Carolyn, did you have something to add with regards to PRC? Okay. All right.

Carolyn Willmer: No, I don't know. I probably will next meeting, in January. Because I'm kind of trying to organize my thoughts on it.

Linda Mecham: Okay, perfect. Okay, yeah, there's been a few things. You and I've talked. There's been a few things. All right, updates,...

Linda Mecham: One last question, Eva.

Eva Hamant: So another general issue, besides the abuse and neglect when they are unsubstantiated, when members complain. The other one is when mothers or fathers complain. Guardians, I should say. when guardians complain about incidents about the providers and they become unsubstantiated. It's like the staff versus the guardians. And so, I have two issues that I would like to specify in the IRs but I've seen a lot of IRs where Guardians have been pulling their hair out, because everything is always unsubstantiated. And nothing happens either in the day program or in the group home.

Eva Hamant: And I don't know, I realized we had a long time ago we have chronic complainers from guardians, but on the same token some of these are not chronic complainers. And so that's why I have real issues about



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Eva Hamant: guardians versus staff.

James Maio: Eva it's not necessarily about somebody being a chronic complainer or that we honestly don't believe them. It is a burden of proof that we must identify and be able to. We have a burden of proof that we have to have to substantiate an allegation. And sometimes, especially in a he said, she said situation, we do not have enough proof to substantiate an allegation and makes it very difficult and that is really what it comes down to.

Carolyn Willmer: Okay.

Eva Hamant: Okay.

James Maio: And I understand what you're saying, it can be very frustrating for a parent to say this happened. And then for the staff or whomever to say, this didn't happen and then for us to then, look at all the other ways that we can try to prove if it did, or did not happen. And if we cannot then we have to weight people's, the words of individuals and then the burden of proof to identify whether or not it did or did not happen. And that's what they have to do in QMU. They have to do that and it makes it very difficult. And I'm sure it is very frustrating for families if we cannot find enough proof to substantiate the allegation but they think it's absolutely true because I said it. That's not how it works. But I understand their frustrations and I understand your frustrations when you read it in an IR. And say, this guardian said this happened and then we might go back and we might find, say, that two or three witnesses said that it did not happen and they were there to witness it. And it still looks like we took the word of the vendor over the Guardian. And maybe we did because those three individuals who then, were witnesses compared to say one person, who said it did have, it's all individualized and I can't say specifics, but that those are the type of situations that come up where we unsubstantiate.

Eva Hamant: Thank you.

01:55:00

Linda Mecham: Along those same lines. Do you track or take into consideration the number of times that a Guardian may send in an incident report with regards to...

James Maio: They do track and trend incidents. So I mean they are looking at that but it shouldn't weight any specific thing unless it's a repeat of the same incident. Somebody is complaining over and over about the same exact incident and it's already been investigated unless a new and new set of proof, some new evidence was brought in with it. But each incident is looked at individually and even if you had made a hundred previous allegations, it shouldn't matter of us looking into that one. We should be looking at it, at its own merits. I will say that in the case where a member has a behavior of making allegations, those are sometimes looked at, but each individual allegation is still looked at. It just might be how we react to it. There's certain situations, where if say somebody has the same behavior, they make up an allegation,



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James Maio: a hundred times before it's been found to be false. We may react differently. So as not to feed the behavior.

Linda Mecham: I understand that. I'm thinking of reported incidents of property, what's the word, being taken away consistently by the staff.

James Maio: Yeah.

Linda Mecham: Consistently and the parent calls in or the Guardian calls in and goes to the trouble of writing this incident report. And there's more than one of the same thing. That's what I'm wondering. Because of course, I mean, I'm sorry, but I know from personal experience with Mark, with my son, that and he's not with us and y'all know so I can say his name out loud. But if things happened over and over again, repeatedly by the staff and I went to the trouble to report those, and the staff is going to deny that it happened. Of course they're going to deny it happened. How do you get around that, when the parent is...

James Maio: Right. Right.

Linda Mecham: The Guardian is consistently making reports. That's why I'm asking. Do you track those kinds of things? How many times has this happened with this individual, with this staff to where?

James Maio: Yes, they do track and like I said, they do track and trend the allegations, no matter what. And they are looking at those when they are reviewing incidents, but it wouldn't stop them from investigating something based on, they've already made ten allegations about this, so we won't investigate this one. That wouldn't happen.

Linda Mecham: Okay, so my question is, you go and do an investigation on the current one and you go there knowing, you go to the group home or the DTA whichever or wherever the incident occurred, and you talk to the staff. And the staff says "We didn't do that". You say look we have got a pattern here, we've got 10 of you guys saying we didn't do it and the parents says, "Yes, we did" or the Guardian. Does that ever happen?

James Maio: And then they would be looking for other types of evidence though. So we would be questioning other members in the facility. We would be looking at, if it was something where there might be some tangible evidence that they didn't have something or they didn't get something or they weren't allowed to go someplace or whatever the rights restriction was. We would be looking for other ways to prove it. So it wasn't just one person's word. And again, you're looking at if there was multiple people. And again, how did the parent identify that it was being taken away? That was the member the one that told them each time and we have multiple witnesses, or maybe another member saying they did have it. So, it's very difficult to say and with any certainty about any specific case, but we're looking at all those different ways of trying to prove or disprove an allegation.

Linda Mecham: Okay, I'm thinking of one in particular and we'll talk about it in executive because I'm still bothered by it.



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James Maio: Okay.

02:00:00

Linda Mecham: All right. Anything else on incident reports of a general nature?

Updates from DDD, ADOA, UHC, Mercy Care, and PRC

Linda Mecham: Okay, it's noon and we need to still have our updates and we appreciate everybody hanging in there with us. Updates from DDD.

Linda Mecham: Leah really kind of gave those, right. Any, James do you have anything?

James Maio: I did want to say something really quick about Eduarda's service. And I wanted to say, it was very nice. And for those of you who did not attend, October 21st, in Tempe, is now Eduarda Yates day. The mayor of Tempe did a proclamation for Eduarda and presented it to her family because of all of her work, not only with DDD but for her family's work in Tempe. And it was a very lovely service and he presented a letter from US Congress and a proclamation from the city of Tempe for her. It was very nice. so, I was glad to be able to attend. Yeah.

Linda Mecham: Such great recognition, such great recognition for yeah.

James Maio: Yeah, absolutely.

Linda Mecham: You're gonna follow up on that issue, right. That we talked about.

James Maio: I did this morning already.

Linda Mecham: Okay, Perfect. Okay, go ahead, Michelle.

Michelle Rademacher: Okay. Joan may have a brief update.

Joan McQuade: Yes, I do. We had a new liaison start with the team last Monday. She isn't here with us today because she is getting all trained. Her name is Morgan O'Hara. I think she's going to be a great addition to the team and I will let her tell you about herself when she's able to attend one of your meetings. But I think that she has a background and a skill set that she'll be bringing with her that I think is going to be an asset for our team as well as for the individual IOCs.

Linda Mecham: Thank you. Michelle, you've done a great job. I hope you still keep working with District Central. Joan, if you heard that, I'm putting in a plug.

Linda Mecham: Go ahead, Michelle.



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Michelle Rademacher: Thank you Linda. And I do want to express my condolences on Eduarda. I did not know she had passed. Other updates we're looking at is ADOA and the health plans as well.

Linda Mecham: Larry.

Linda Mecham: Is he on mute?

Lawrence Allen: I was sorry, I was double muted. My other headphones died so I had to switch them out. I do not have any updates for the committee. The only comment I had was the annual report, which you guys have already covered that already so I have no additional comments on that.

Linda Mecham: Are we the last ones?

Lawrence Allen: Any questions?

Linda Mecham: Are we the last ones? I'm sorry.

Lawrence Allen: You are the first.

Linda Mecham: They've only got what?

Lawrence Allen: Consider yourself. Number one.

Linda Mecham: I'm the first. Okay, so I will send it to you with the corrections, either this afternoon or tomorrow and...

Lawrence Allen: Okay. No. Hurry.

Linda Mecham: I'm gonna try to find last. I know where last year's report is. And put it in the format that you put it into. So it'll be all ready to go. And I just have to get the final information from Patricia and from Michelle. So, other than that, it's pretty good. I mean it's not as.

Lawrence Allen: You still have eight days, so you got plenty of time.

Linda Mecham: I'm tired of thinking about it.

Lawrence Allen: Because I know get it done,...

Linda Mecham: All the truth. It's a weight.

Lawrence Allen: get it off your shoulders,...

Lawrence Allen: I understand.



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Linda Mecham: When I finished it last week, it was like, I mean, I actually sat down and watched a movie because I didn't feel guilty.

Lawrence Allen: Good for you.

Linda Mecham: nothing else Larry? Okay.

Lawrence Allen: No.

Linda Mecham: Michelle, Frederica, maybe? Ian.

Fredreaka Graham: Hi. This is Frederica. I don't have any updates.

Linda Mecham: What was that AHCCCS that we were talking about? The AHCCCS.

02:05:00

Linda Mecham: Can't remember. That you might have known about.

Michelle Rademacher: About visiting the facilities.

Linda Mecham: That's right. Can you find that out Frederica for us? If that's still...

Fredreaka Graham: What's the question?

Linda Mecham: The question is, whether AHCCCS needs to have us continue to be the eyes and oversight for the ICFs within District Central. And also, do they still want someone from the ICFs? to sit in as a non-voting member of the IOC District Central?

Fredreaka Graham: Okay, if you can just send that to Michelle in writing, so that I can get it correct. Because that's way before my time. So that I will be able to get it to the right persons to ask that question and I can get you an answer back.

Linda Mecham: Unless you're a real old timer, you didn't remember that. So

Fredreaka Graham: Yeah, that's way before my time so...

Linda Mecham: Yeah.

Fredreaka Graham: But I don't mind taking it back for you. No problem.

Linda Mecham: All right, thank you Fredreaka. Appreciate that.

Michelle Rademacher: And so I'm not sure if Dawn McReynolds has an update for you.

Linda Mecham: Ian's on.



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Ian Wilson UHCCP: Yeah I'm here. Thanks Linda and Michelle. Yeah, nothing from myself or Dawn at this time.

Linda Mecham: Any comments about anything that we've discussed in our meeting so far.

Ian Wilson UHCCP: *No nothing from me.*

Linda Mecham: Okay.

Dawn McReynolds UHC OIFA: I'm here.

Linda Mecham: Hey Dawn.

Dawn McReynolds UHC OIFA: Hi there. Linda, I remember the HRCs back when I was at the Department of Health. So I remember all of those. I think, with the IRs and the conversation and the questions of the investigations. I think it's really helpful to be able to understand that process and how you quantify, guardians making complaints and you guys are discovering that. So, that's great. I did want just to add, Linda, that I've spoken with Leah, and I understand that this IOC will not be meeting again until January. So we're gonna work with Michelle, I hope, or the new person. I have to go ahead and schedule those peer support and family support trainings, but I really want to take a deeper dive in that training for the IOCs to understand the access policies that drive those trainings. I just think it's very valuable information to become well, have that experience and understand all of AHCCCS' policy, they do such a great job in lining out all of the requirements. So Leah, and I'm not sure if Summer or somebody from Mercy Care, if she's spoken with them, but we're gonna partner and get it done. So we're probably looking at the calendar year of 2024 to kind of roll that out. And maybe Michelle, you might want to think about. If you think it would be better to have a statewide IOC presentation, and then we can bang it out that way or whatever you prefer, we're flexible. That's all I have.

Linda Mecham: Dawn, we do have statewide IOC meetings quarterly. And I mean that would be, but generally it's just the chairs that are there. Other members are invited to attend, but it would be separate from this particular. I don't know how long the training would take or what that would look like. But, I'd be happy to work with you guys, too on that.

Dawn McReynolds UHC OIFA: I was just going to ask maybe we could have a conversation and...

Linda Mecham: Sure.

Dawn McReynolds UHC OIFA: show you kind of what the plan is and then we can decide what is best. Thank you.

Linda Mecham: Okay, just keep me in the loop. I'm happy to facilitate anything for our committee, of course. Thanks Dawn.



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Dawn McReynolds UHC OIFA: Of course, we'll do.

Linda Mecham: Michelle.

Dawn McReynolds UHC OIFA: Is Eva waving at me or is she?

Michelle Rademacher: I believe she had a question.

Linda Mecham: Eva, do you have a question? I'm sorry.

Linda Mecham: Where'd she go? Oh she's on mute.

02:10:00

Eva Hamant: So I found out that the behavioral health hospital with the United Healthcare and Mercy Care have QMUs that do incident reports in the behavioral health hospitals, and...

Linda Mecham: What's an MU?

Eva Hamant: QMU, Quality Management Unit. They have a quality management unit for behavioral health for the healthcare people. And I was wondering if you could. So, do you read type of incident reports restraints, when they're in the behavior health and do you send them over to DDD? Or you just take care of them in house in your quality management unit?

Dawn McReynolds UHC OIFA: Are you asking me if OIFA does that? No, but Eva, if you want to type that out, it's the best way to get that over to Michelle. So I don't miss any pieces of if you can do that. Thank you, Linda. and certainly, we'll look in if that stays within the quality team or if that goes anywhere else. Maybe Summer knows what mercy care does. I'm not sure

Summer Kamal: I'm not sure what the QMU. Are you saying that it's something specifically within the hospital? Because of course, both health plans have their own quality management that reviews concerns that come through us or grievances and complaints. But are you talking about directly the health plans are something that the hospitals directly have within their agency.

Eva Hamant: I just heard that the health plans. So Summer, you caught it. So I found out that the health plans have quality management unit and so I was just wondering. How that actually works? it just seems like all these people have these quality management and do you do the ones in behavioral health? You do the to do is so What?

Linda Mecham: Eva, this is Linda. This is not related to their updates. It's separate and maybe if we have a question where they can actually prepare an answer with regards to their QMUs, they can give that to us at our next meeting. Would that be right with you? Okay, thank you for that.

Eva Hamant: That's fine. Thanks.



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Linda Mecham: I appreciate that. Lisa, you had your hand up real quick.

Lisa Ehlenberger: No, I'll wait.

Linda Mecham: Mandy, you're okay.

Mandy Harman: Yeah.

Linda Mecham: Okay. All right. So summer, I'm sorry. Did you say you did or did not have updates for us?

Summer Kamal: I have a quick update. But just to quickly respond back to Eva. There is every health plan. Every agency has their own quality management. We can go more into that, if that's the case, in January. But they do, every agency does their own investigation based on who's their contracted providers. So hopefully that kind of gives a high summary. A quick update is that Mercy Care is updating our Web page. So it will be going live, November 8th. So please take some time and check out our new website. Hoping it's not only more user friendly, but it looks better. Check that out. And then I'm not sure if that's something that has been discussed at previous IOC. But DDD, United and Mercy care are working together, utilizing the ARPA funds and one of them that has moved forward is providing relias training free of charge to our behavioral health clinician throughout the state of Arizona. So, it's been really great to see on the Mercy Care and who's been signing up to take these reliance training. So that they can hopefully expand their scope of practice to work with this group much more in the future. But those are my updates. If anybody have any questions.

Linda Mecham: Thank you, Summer, it's interesting. Take a look at your new website. Thank you for that.

Summer Kamal: Yeah.

Linda Mecham: Michelle.

Michelle Rademacher: I just have a little short update. I just wanted to give everybody a reminder about once a month on the Friday, prior to the meeting, I send an email from our general shared inbox. It's DDDIACS@azdes.gov. In that email, I call it the Friday reminder, I provide the link for the meeting, the call-in numbers, but you also receive a copy of the Arizona State Hospital Seclusion and Restraint report and copies of metadata reports for your review. If you have any questions about any of that, just reach out to me individually and I'll be able to guide and assist where I can. And then when DDD quality provides responses to the IOC questions from incident reviews, I don't wait until that monthly email. Instead what I do,

02:15:00

Michelle Rademacher: Is no later than one business day after receiving it, sometimes the same day, then I'll send that out to you via the same email with a spreadsheet copy of their responses so that you can see your questions, the IR number and go back and review those through the shared drive with the incidents, if you like. I do also put a copy of that in your shared drive. There's a folder in there so that you can review all previous responses as well from the quality team if you'd like to for any and tracking and trending, you do



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yourself. At the close of this past IOC Statewide Chairs Quarterly meeting in October. The next statewide chairs meeting has been scheduled for January 16th. That meeting has been scheduled for a PM meeting starting at 5:30 in the evening. And then my last update is the DDD public town Hall meeting coming up for the following month. November is being held on... here it is, on November 2nd.

Linda Mecham: Okay.

Michelle Rademacher: I almost forgot to update that and so that next public town hall from DDD is on November 2nd. That's all my updates.

Linda Mecham: Okay, thank you and we appreciate everything. You're juggling a lot of IOCs, five of them. So it's a lot of work. I know just what I ask of you is a lot then, multiply that times five. So we appreciate it and we're glad that you've got somebody on board to help.

Michelle Rademacher: It's good to have another liaison. I think it is definitely necessary, but anytime you need anything, you feel free to reach out to me. It's not a bother. I'll do what I can.

Executive Session: Confidential Incident Report Discussions

Linda Mecham: I appreciate that. We will thank you all of those who have been in attendance today who are not a member of this committee or need to be in our executive. If any of you have any comments or questions you can reach out through Michelle to me, and if you need anything in our next agenda, which will be in January, just let Michelle know and she can forward that on to me as well. So from District Central IOC, thank you for being here and we will now go into our executive meet. We have a motion to go into executive.

Motion and Vote

Curiosity Carolyn: This is Carolyn, I make a motion to go into executive.

Linda Mecham: Thanks Carolyn.

Linda Mecham: I have a second.

Linda Mecham: Mandy, you need, turn off mute, so the recording can hear you.

Mandy Harman: All second it.

Linda Mecham: Thank you. Let's see. Mandy, how do you vote on the motion to go into executive?

Mandy Harman: Yes.

Linda Mecham: Carolyn.

Linda Mecham: You're on mute.



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Curiosity Carolyn: Sorry, yes.

Linda Mecham: Lisa.

Lisa Ehlenberger: Yes.

Linda Mecham: Eva.

Eva Hamant: Yes.

Linda Mecham: Is Debbie still on?

+1 602-***-**22: Yes.

Linda Mecham: So the yeses have it and we will now move to executive. Thank all again.

Eva Hamant: Do we just click on the thing? We have to mute and then we go use the thing but we don't close this meeting, right?

Linda Mecham: Correct, because we have to come back out to close this meeting.

Fredreaka Graham: Thanks Linda.

02:20:00

Lisa Ehlenberger: This is Lisa, I'm having a hard time finding the link to the executive. Was it emailed on the exact same day?

Michelle Rademacher: No, Lisa, I did not email the link for the executive session. I did put it in the chat here.

Lisa Ehlenberger: Or is it in the chat? Okay.

Michelle Rademacher: And now this is a live link for you.

02:25:00

The committee elected to go into executive session at 12:20pm.

The committee returned from executive session at 12:48pm.

02:48:00

Eva Hamant: Linda I have one question or comment, since you're getting the IRs and the PRCs. one of the things that has been

Linda Mecham: No, we don't see the IRS and PRC.



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Eva Hamant: No, no, no. You remember you're gonna get Michelle to get the numbers to put in the annual report.

Linda Mecham: yeah, yeah.

Eva Hamant: And you're going to do how many PRC's. One of the other things that we have clogged up my email with our early notifications of policies. So technically we have been notified of all those early notification policies and it would be, since they are going to go on forever and ever, it seems to me that in the annual report, we should put the number of how many of those early notification policies we've had for the last year.

Mandy Harman: I think that would be impossible because I get 30 a day.

Linda Mecham: I don't know who would even know that.

Linda Mecham: How about if I just say that we review all new Policies and per Statute we are now receiving them 30 days in advance, so that we can discuss it.

Mandy Harman: Yeah.

Eva Hamant: Because I think that is a big responsibility. I'm sorry. It's a big responsibility and all those Early notifications. Oh here comes Leah, maybe she knows.

Leah Gibbs: The rule says that we send you all new and significant changes to any policies and we, in the Policy Review, team have wanted to err on the side of transparency rather than not sending you what we believe might be substantial changes to policy. Is that not what the committee wants?

02:50:00

Eva Hamant: No, no.

Mandy Harman: No, we're

Eva Hamant: I'm just saying that in the annual report, it should be recorded that we are doing this because technically, I know Linda looks at them and sometimes I scan them and then 30 days later when I get the ...

Leah Gibbs: The public notice.

Eva Hamant: and I can eliminate the early notification and sometimes there are issues in there that I have to. My husband gets aggravated because I pin them all.

Linda Mecham: I think that what Eva was asking and correct me if I'm wrong, to put in the number of policies that we have reviewed. Is that what you're saying?

Leah Gibbs: You have that number Linda. I don't track the number,...



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Linda Mecham: Pardon me.

Leah Gibbs: Do you?

Linda Mecham: Can I just say, No.

Linda Mecham: There's a lot. I'll just say. And

Mandy Harman: I don't think there is a way we can put the number on it because I see them all in there. But there's no way I can read them all. I have a life outside.

Linda Mecham: You know what? And I appreciate the fact that we get them because we are the IOC that requested it and it came about legislatively.

Mandy Harman: Right.

Linda Mecham: We had to go and get that changed in the legislature. Because we didn't know about the 30 day, or we did not know about that abuse and neglect curriculum; I didn't find out and I remember the timing because it was right, when Mark passed away, and I was not looking at Policies. So by the time it came to our attention to where we would have made a comment, it was passed past any suggestions from us. And so it was my hope that just as the DDAC receives the policies 30 days in advance so that the committee can discuss them, that the IOCs would be given that same consideration. So that's why we get it. And I'm grateful that we have this time because if something comes up, that's important. And especially as a right violation for possibly the members, as the abuse in neglect curriculum, we felt was, then we're able to talk about it as a committee, send in our comments, discuss it and hopefully make change for the better. Eva. Oh wait, Mandy spent trying to talk, just second.

Eva Hamant: Okay.

Mandy Harman: I'm not complaining, there's just tons of it.

Linda Mecham: I know. I get the same ones. Eva.

Eva Hamant: I got the SARS report. They've been very interesting, especially reading IRs, finding out information. So I figured we did at least 150 to 300 early policies.

Linda Mecham: I'll just put in "many". I don't want to be inaccurate,...

Eva Hamant: Ready hundred.

Linda Mecham: Well, just numerous or something to that effect.

Lisa Ehlenberger: You can put, "More than 200".



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Linda Mecham: I don't know, I have no clue and...

Lisa Ehlenberger: I mean.

Linda Mecham: I don't even want to begin to guess. It goes to the legislature, the governor, to a lot of people.

Eva Hamant: We get them 10 of the time.

Linda Mecham: And I don't want to be inaccurate and they go to all the committees. So if the other committees want to guess or have a number, then they can get it from them, not us. But I'm just for accuracy sake and I'll mention the fact that we do review that

Lisa Ehlenberger: Or review on a monthly basis, so that they know it's a recurring monthly basis.

Linda Mecham: Weekly, it's weekly and we discuss it monthly. So

Mandy Harman: Daily.

Lisa Ehlenberger: so, we review many on a monthly basis,...

Linda Mecham: Lisa what?

Lisa Ehlenberger: I was just gonna say, I think if we review many on a monthly basis, it at least gives a description that it is a lot every month.

Linda Mecham: I'll do that. That's referring back to a previous agenda item. So we were safe, but the purpose for coming back was to get out of executive and to close this meeting. I appreciate everybody's concerns. You guys know how to reach me, how to reach DDD. We won't meet again until January. I will get with Lisa and Eva and Carolyn, as available, to review the...

02:55:00

Linda Mecham: Whatever it is, we were going to review.

Lisa Ehlenberger: ASH.

Linda Mecham: Right and Carolyn you're gonna get me the medical stuff.

Curiosity Carolyn: Yes.

Adjournment

Motion and Vote

Linda Mecham: Okay, do I have a motion to Adjourn?.



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Eva Hamant: I make a motion, we adjourn.

Lisa Ehlenberger: This is Lisa. I second that motion.

Linda Mecham: Thank you. Eva. Vote.

Eva Hamant: Yes.

Linda Mecham: Debbie.

+1 602-***-**22: Yes.

Linda Mecham: Lisa.

Lisa Ehlenberger: Yes.

Linda Mecham: Mandy.

Mandy Harman: Yes.

Linda Mecham: Carolyn.

Curiosity Carolyn: Yes.

Linda Mecham: Hallelujah, pass the plate. See you guys in January.

Linda Mecham: Bye, everybody. Thanks so much talk to you soon.

Curiosity Carolyn: Bye everybody.

Meeting ended after 02:56:11 🙌

For September IRs, the Committee members have been given a total of **604** incident reports in the Shared Drive. This included open **62** and closed **542** reports.

Type	Open	Closed
Accidental Injury	0	95
Consumer missing	5	6
Deaths	2	1
Emergency Measures	1	14
Human Rights	4	7
Legal	1	0



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Medication Errors	1	29
Neglect	18	54
Other Abuse	19	23
Other-Behavior	0	195
Other -Injury unknown	2	102
Physical Abuse	9	10
Property Damage	0	1
Suicide	0	5
TOTALS	62	542

The desired IRs will be divided by the chair and equally distributed amongst the members.

24- Questions for Quality Assurance Management: Members of the committee will send the incident reports questions to the DDD Liaison: **Michelle Rademacher** to be forwarded to Quality for responses.

Adjournment

Meeting adjourned at 12:56 PM

The next District Central IOC meeting will be held on January 22, 2023, at 10:00am in the same virtual format.