

AHCCCS Central Oversight Committee IOC
Public Meeting Minutes
Wednesday, April 17, 2024

Call to Order

Meeting called to order by Committee Chair Holly Geiszl. The date is April 17, 2024 at 5:23pm. The meeting was held virtually through Google Meet.

Welcome and Introductions

Attendance in Person:

- Holly Geiszl
- Jack Potts
- Matthew Moody
- Sommer Mutter Walter
- Joel Thompson
- Sabrina Taylor

Absent:

- Rachel Streiff

AHCCCS:

- Fredreaka Graham
- Willa Murphy
- Damien Carpenter

Arizona Department of Administration (ADOA): Lawrence Allen

RHBAs:

- Dawn McReynolds with UHC OIFA
- Karin Uhlich with Arizona Complete Health
- Tyson Gillespie with Mercy Care

Other IOCs:

- Joanna Keyl – AHCCCS South
- Dorothy O'Brien – AHCCCS North

Public in attendance:

- none

AHCCCS Central (2024-04-17 17:23 GMT-7) - Transcript

Attendees

+1 623-***-**82, Damien Carpenter, Dawn McReynolds UHC OIFA, Dot O'Brien, Fredreka Graham, Holly Gieszl, Jack Potts, Joanna Keyl, Joel Thompson, Karin Uhlich, Lawrence Allen, Matthew Moody, Sabrina Taylor, Tyson Gillespie, Mercy Care, Willa Murphy, Willa Murphy's Presentation

Transcript

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Holly Gieszl: It's April 17th 2024. It's 5:23 pm. The meeting of the central Arizona independent oversight committee for access to them. To order at this point. We have a quorum. I would begin by sending the agenda out and ask if there's anyone who has a conflict to declare a member who has a conflict to declare based on the agenda. That was circulating.

Jack Potts: The point of order Madam chair. I think this requires us to take a voice note of who is present of the members? Is that correct? Larry?

Lawrence Allen: Yes, even though we can see on the video it's good for the record to have it on the record of the attending members.

Holly Gieszl: I will read off who is present. We have Matthew Moody & Dr. Potts.

Holly Gieszl: Let's see who else is here that can turn their camera on if you are a member.

Holly Gieszl: Sabrina Taylor and

Lawrence Allen: Sabrina, yes she is on.

Holly Gieszl: And anybody else that I'm missing? So, I think we're good. We have six members present. That is a quorum and Thank you, Dr. Potts. I'm so sorry for reminding me to do that.

Holly Gieszl: Anybody have a conflict to declare? Let's see. Okay. Hi,...

Matthew Moody: Joel just came on

Holly Gieszl: and so we have seven members present including Joel Thompson, so that's great. All right. We're great. Thank you.

Holly Gieszl: Beginning with the agenda. What's anybody here? On the call, who would like to make a public comment?

Holly Gieszl: Being no response to that Go forward with the agenda. We are going to start with Will Murphy. who's here from access Willa is the director of legislative affairs. You can clarify that. Topic. I just want to say to those folks that you get the opportunity to work sometimes sort of serendipitously and it was a couple of years ago. I don't remember how long I met Willa and we got to do some work and It has been a complete pleasure. we've disagreed obviously, but never had.

Holly Gieszl: Been disagreeable and we've worked on some really important pieces of legislation. I think the topics it's always been professional and she's worked very hard to help members of the legislature reach compromises on both sides of the aisle, all the parties working with staff working with stakeholders. So it is a pleasure to have somebody in Access like Willa and I'm so glad that you agreed to come and do this. We're kind of toward the end of the session, but we'd like to have this And be kind of a standing item. The legislature is very busy with mental health. I think it's fair to say has. Particularly serious mental illness has never been a hotter topic.

Holly Gieszl: and I think it will remain next year because of the pressures on the industry and the population growth and almost every stakeholder group is trying to find Solutions which Is challenging, but I find it refreshing because they're not many ostriches left with their head in the sand when it, comes to mental health. So with that introduction it really is a pleasure Willa to have you do your thing. Thank you.

Willa Murphy: Thank you, but I appreciate that for folks on the call. I want to be mindful of that. This will be recorded and transcribed. We'll try to do my best to begin to be intelligible as transcribed as well. They thank you so much Holly for that kind of introduction. I do have slides but wanted to make sure that that is okay or if that must go through a certain process. I can do it with slides or without.

00:05:00

Holly Gieszl: It's fine to have slides and we will put those slides on our website. I think it's great to have that and that way not only members of the committee, but the public can have back to them

Willa Murphy: Okay, can everyone see what I am sharing? Wonderful, okay.

Holly Gieszl: perfect.

Willa Murphy: I am okay all set. Thank you so much again, good evening. Everyone for the record Willa Murphy. I serve as the chief legislative liaison for theirs on a health care costs containment system. So I'm just gonna do a brief legislative update in which even these slides give kind of an overview of the timeline of the session and some factors. We're seeing that are impacting this session more than others and then go into some access initiatives followed by themes and then particular bills of note to highlight and I will save time at the end for questions always happy to but if you have any you don't want to lose them feel free to drop them in the chat or jump in. I really have no preference. I'm very grateful for the invitation and Harden to see familiar faces and folks that I've worked with on bills here and there she is so

Willa Murphy: I just am excited and I know it's been a couple months. So I will just go into the timeline very briefly. As you know, the legislative session begins each year on the second Monday of January of the State of the State address and then shortly thereafter. The executive budget is released. So the governor's budget.

Willa Murphy: From January to March regular committees. So that's when Health and Human Services or Appropriations, etc. Those have a specific time frame. So they go approximately during January to March and then after committees then so they've ended kind of enter the floor session and budget negotiations period I guess as well as non-regular committees, and then the session will allegedly end when the legislature adjourns sine die, which means and the session it's tough to predict. That's everyone is wondering kind of when that's going to be last year's a bit of a surprise. It was earlier than expected, tough to predict this year with a lot of things going on.

Willa Murphy: I'll just note a couple factors that are impacting this session. So first as everyone knows there's a very large budget shortfall. Sometimes that makes negotiating the budget easier and faster. Sometimes it doesn't, we just have to wait and see and that's being negotiated. The other factors are of course, we have a divided government. So one party controls in the governor's office the other controlling both chambers of the legislature with very tight margins. And then it is an election year. So sometimes that can influence how bills are brought to the floor or kind of members of primaries things like that.

Willa Murphy: So just going into the access related bills and budget items very briefly. We did run a little agency bill. It's really to conform with third-party liability requirements from the federal government that I just want to know that there are several key proposals in the governor's executive budget, which I wanted to flag. I by no means a budget expert but the slides link to the specific Pages within both the presentation and then the agency details book for Access. If you'd like to take a closer look at those, of course, they are being negotiated. So it's not set in stone. But those proposals include an increase for crisis 988 funding now that some federal funds are being withdrawn we've seen utilization for non-medicated individuals

Willa Murphy: There's also increased Staffing to protect against fraud waste and abuse like the schemes that we've seen and support the providers, So make sure that the agency has adequate resources to ensure that not only these Broadway student abuse efforts are sustainable, but also that there's adequate resources to provide assistance guidance training to providers who need it.

Willa Murphy:

Willa Murphy: The proposal also includes increased money and incentives for Quality Behavioral Health Providers as well as certain Behavioral Health rates as well as continued funding for our Medicaid enterprise system. Mes says the artist formerly known as pmis but it's the whole kind of its backbone of access and it's about 30 maybe more than that years old. It's very very old and uses a coding system. That actually is no longer in use; we have to pull coders out of retirement. So that's been an ongoing funding from the legislature continuing that moving ...

00:10:00

Willa Murphy: couple of key themes that we've seen related to access this legislative session. So first, of course, licensing and oversight initiatives for long-term care Sober Living homes increased oversight of these certain aspects of the health care Behavioral Systems for some of our most vulnerable members. I think Holly hit it right on the head. folks are really I think coming on board becoming aware. This is becoming a very big priority and it's been heartening. I think some of the stakeholder discussions and work that we've done this session has been some of the best. I've observed that I haven't been there, as long as other folks, but there's really serious interest and willingness to put resources, time and political energy into this and that's been very encouraging on the same note Behavioral Health System initiatives. This is a kind of a broad phrase that there's so a number of bills that

Willa Murphy: Introduced particularly as a direct result of for example, The Joint legislative Psychiatric Hospital review Council. So we saw a number of those which were rolled up into a village. I'll touch on later but direct results from that Council for example among others. We also saw the typical types of modifications or expansions to access covered services. Those include things like Comprehensive Dental or removing prior authorization for a pharmacy things like that. Most of those of course are money bills. So they require Appropriations on going and our part therefore of budget negotiations. And then on that topic we did see the budget shortfall in last week's for those of you not.

Willa Murphy: Keeping up with the intricacies of the kind of joint legislative budget Committee in their advisory Council last week. There was a pretty key Committee hearing the financial advisory committee. I believe which set the baseline or kind of where folks are going to go for Budget negotiations still a significant hundreds of millions or billions shortfall. So that of course we'll have impacts across the board.

Willa Murphy: And then lastly I just wanted to get into some potential bills of Interest of even less familiar with some of these folks on this call are going to be much more familiar with but the slide deck that we prepared has links. So if you click on the build number it'll go to the Arizona legislature website. You can look through and see the entire vote history. who signed in against neutral if you're an executive agency for the most part as well as just go through quite a bit of documents and for the resources, but a lot of good resources, but I did want to highlight some so HB 2764

Willa Murphy: This was probably the most I've ever been in stakeholder meetings, big shoutout to representative nn. This is coming out of the abuse and neglect task force. There's a number of things that folks have been pushing for a while and it was kind of stakeholder negotiated with providers with advocacy groups with agencies. The governor's office who's really remarkable to see it come together and it does a number of things. Really increases the ability of adhs to Monitor and provide oversight and accountability for some of these long-term care facilities particularly as it relates to memory care, which was previously not regulated and does other things it creates the vulnerable.

Willa Murphy: Adult I believe is called a task force and also follows up on recommendations made by the auditor General's Report for the Adult System of care last year. So this is really a special bill at the agency that supported it and it's just very hard to see that get signed into law next up sp1311. I know some folks in this meeting have also been in what I would say was also a really good stakeholder process. This is

Senator Miranda's bill that she brought folks together. So the health plans providers Advocates made moms the agencies everyone came together with. We're able to work on an amendment that made this bill.

00:15:00

Willa Murphy: operationalizable and has no fiscal impact and really provides increased oversight; it contemplates a new work group within access as well as reporting requirements, but that work group is assigned to look into and kind of have accountability. Make sure that this initiative does not stop with just this one bill or one report and happy to go into further details on that. But I think it's just an example of what can be accomplished. When folks work together and so I was very heartened to participate On that same note as 16:09 Jack. Mr. Potts, excuse me

Jack Potts: Yeah, no, thanks on 2744. What was the committee that was mandated to work together? Is a communist informed or mandated?

Willa Murphy: I believe sorry 2744

Jack Potts: Yes that we were meant to talk about. I apologize.

Willa Murphy: No, I think I apologize. If I was unclear, thank you for asking the work group that I mentioned is part of 1311. And I think I used the word contemplated...

Jack Potts: Okay.

Willa Murphy: but it's requires access to facilitate what this work group together with a number of delineated participants, so Community providers, I believe the counties are the courts Holly correctly of I feel like I don't have it off the top of my brain but a large number of folks who are involved in getting some of this data are involved in this system of corporate evaluation treatment involving individuals with SMI, and that will go into effect on the general effect date, but that is a good question. That work is required.

Holly Gieszl: And I can clarify a little bit there Senator Miranda as part of the process of getting the stakeholders together and getting a compromise and narrowing down. What was a very lengthy bill with sort of a list that I would say was aspirational as opposed to easily implemented. We narrowed that down to probably 20 something people evolved. the

Holly Gieszl: it focuses on the screening agencies and IT process of the screening done and then getting into battling wise with but data across the system from private insurers as well as with access products with Medicaid products in the behavioral health area and then specifically with the health plans mercy and Arizona The insurance companies were represented screening agencies trying to go around the table and think.

Holly Gieszl: But it's a data bill and it's a bill that was envisioned to focus on clinical outcomes not counting inputs. So I mean, we don't have a lot of reports that show the number of patient days. the number of discharges. that doesn't tell you sort of the critical issues about how many readmissions were there. How many people were discharged without medication Supply how many individuals who were went and we're discharged from one of the screening agencies

Holly Gieszl: Only to come back three or four times and how many times did they come back in a defined period of time so it is one of the first bills in Arizona in the SMI area to focus on those outcomes and that was a major folk reason from Phil. Senator Miranda will be spearheading an ongoing effort working with access to keep the people, keep the stakeholders together and to have a really good work group to continue the data elements over time that will give information on clinical outcomes. I think that will tell me.

00:20:00

Willa Murphy: Thank Holly for saving me. It's a lot. I would encourage folks who are interested in this as I believe Simon's law actually Yesterday by the governor.

Holly Gieszl: yes.

Willa Murphy: So I put the link to the PDF of the bill in the chat. You'll see it's fair. It's comprehensive. So quite a bit contemplated in that bill. but I feel that you gave a good summary. I think I'm happy to go into maybe more details or take a look if folks have questions or continue with the summary. This is a summary.

Holly Gieszl: Okay, if you do, it's great.

Willa Murphy: Okay, thank Just next up. So this sp16 or 9 think I'm not sure if some of the folks most involved were able to join this but ask these 16 or 9 is sponsored by Senator wadsack and actually my understanding is that it's for bills put together. And those bills were the direct result again of the folks who attended and reached out during the interim as a result of January.

Willa Murphy: And enter him I should say but the joint legislative Psychiatric Hospital review console. So it was four bills for the price of one and I focused on a few things. So the first is related to requirements for hospitals upon discharge labor transfer of individuals with SMI, making sure that their prescriptions are communicated correctly and in contract for Access contractors second part focuses on the requirements for here supporting Specialists. It might be mixing up the order but essentially puts peer support Specialists requirements and adds additional training into statute and also requires a legislative report related to the agency's efforts.

Willa Murphy: To comply with the auditor General's findings related to failure to provide adequate oversight and accountability to make sure that those folks have the required training certificates things like that. The bill also codifies into statute certain I believe. privacy

Willa Murphy: m so sorry I will check very quickly that there's one other part but the last part. Is an additional report which requires the agency to report to the legislature as to the feasibility and costs of implementing a real-time survey for individuals with serious mental illness. So think of how sometimes you get a text from your doctor's office afterwards about things like that. These folks were very excited to think of something we're looking at. It's difficult to operationalize within a Medicaid agency obviously, but give you that not only real time quality of care issues connect these folks to resources if necessary.

Willa Murphy: and get more data, so it's a report on could that be feasible with the cost but still exciting and then I remembered I apologize the additional part of the legislature relates to the disclosure of protected health information by AHCCCS contracted housing program. And again, that was a result of specific stakeholder average to this Senator. We were able to meet with the senator and work with her staff. I don't know if Rachel Strife is on but I want to give And just a shout out is not the right word, but just be the amount of work that her others are crystal with so many others put into that bill and devoted to stakeholder talks on these really complex issues. I was so grateful.

Willa Murphy: And so impressed. just how immediately they picked it up and it's a result of their work. So I just wanted to put that out and it was really incredible working with them. The next couple of bills I will be transparent there. I'm not as familiar with them. They're more on the court ordered evaluation side, but I know they're very important to a number of folks on this call within the behavioral health space and we certainly were tracking them. So the first HB 2744 that's representative of C Hernandez's involuntary treatment. Bill related to the rights of Guardians and I believe family members and that was actually signed into law last week.

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Willa Murphy: And then we're also watching a speed 1309 which relates to mental health evaluations. I believe the requirements of what information must be solicited by those screening agencies. That is a Floor action in the house. It's a little bit tough to say again because the floor sessions are only occurring once weekly and they have been adjourned fairly quickly both today and yesterday without getting to the full business of the chambers, but my understanding is there's no further barrier for that bill. So it should go once it is placed on a calendar.

Willa Murphy: But I believe that is what I had. I appreciate everyone's apologies trying to go off from every with the bill summaries as well. I kind of have the last couple brain cells here, but I'm so grateful. I'm happy to take any questions and follow-ups on more specifics at this time.

Holly Gieszl: Thank you. Will I think that list of bills reflects? probably if those bills all pass this session will have I think transformed some very important operational issues. and the way aspects of services are provided to SMI clients and in particular the increasing population of folks served at the screening and evaluation screening agencies and the evaluation process. I think this is the Most remarkable thing. Is that out of the joint psychiatric Council?

Holly Gieszl: at joint legislative psychiatric Council meetings the bill really addresses what Senator widestack I think. So appropriately called the Carousel of failure and the thing that these bills have in common. whether they were run by Senator Watkins the Republican or

Holly Gieszl: Past and it's her first bill as a first year legislator and it was on an important issue in MI. And so she's really happy about that but Senator Watson comparison that we're dealing with the Carousel of failure I think is what's so important because the same people are going around and around in and out of jail Hospital the screening the evaluation agency jail husband and it is if you look at it that way kind of, pretty tragic. So the focus was a lot of emphasis on accountability and better data. across the board and on focusing on outcomes on this Carousel of

Holly Gieszl: Failure and it's also important what Senator Miranda is a Democrats representative. Consuelo Hernandez is a Democrat. So lotsac is Republican. They all sit on the joint legislative Council on Psychiatric Hospital capacity. It's really a remarkable bipartisan year. I think in terms of mental health issues, given that divided government that will describe with the Democratic governor and the chairs at the health committees who are Republicans had to agree for Senator Miranda's and representative Hernandez's bills to It hurt the final thing. I would say it is on the bill 2744. When you send a representative Hernandez is built by the Arizona Psychiatric Society and Valley wise.

Holly Gieszl: Hospital the lobbyist and the members Dr. Potts is on that legislative committee for the site Society. They really provided a lot of very helpful practical information that resulted in an amendment done over a multi-day period that made that bill much more practical and easily implementable if that's a word which I think is really important and...

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Holly Gieszl: Hopefully going forward they'll continue to be that kind of involved when I'm sure that there will be because this psychiatric Society is A critical Dr. Olson and Dr. Potts are on the

Holly Gieszl: legislative committee. I don't know the exact name. so we always hear it's like watching you don't want to see how sausages made the law is making sausage. I think this year kind of proves that wrong in some ways in the bad moms have a lot of involvement. Summer is a member of Med moms. and they were there just tenaciously at the Capitol working hard on behalf of

Holly Gieszl: The real families whose loved ones are served by all of the health plans and all of the Reba's and who are reported to access of course are fun to debt by access. So I think this was a good sausage making year and...

Holly Gieszl: When I look at those bills, I'm just like wow. That is kind of a time to reflect on what a really good year. It was from mental health in Arizona and I'm very happy with that. We can't always say that right, but it's been very positive this year. So did Willa win if they did the house in the Senate vote to extend past the hundred day? I haven't followed it.

Willa Murphy: Okay, so loaded question. If they had not I feel I would know. So I suspect that they have indeed because I think it is the 102nd day of session.

Holly Gieszl: Yeah. Good.

Willa Murphy: So my colleague Damien Carpenter's on the line Damien who is watching. I'm not sure...

Willa Murphy: if he knows but I do believe they extended the session. Yes.

Holly Gieszl: Great.

Willa Murphy: Yeah.

Damien Carpenter: They extended it today on the floor. There was a lot of stuff going on the floor today. So it was easily missed but they did in that motion to extend.

Willa Murphy: Thank you, David. Yeah a few other things.

Holly Gieszl: Back, thank you.

Willa Murphy: Holly I would just want to say I think you're absolutely right that stand incredible amount of bills list the amount of work that folks have put in I really want to share the Gratitude and just on a personal level The Bravery and vulnerability and strength that we've seen from the Mad moms from the family that have been here year over year so it's good to see this list I think it's important though to remember that the list was constrained right everyone knows there's not funding to go around we're in a short fall.

Dot O'Brien: presentation

Willa Murphy: I think hopefully in future years, we'll be able to fight to continue and support as an agency the funding that's really needed to support.

Willa Murphy: Sustainable and systemic changes, that's the reality some things do need money.

Dot O'Brien:

Willa Murphy: And so not to dampen the party. It's actually remarkable that in light of that so much work has been accomplished I think but just moving forward in future legislative sessions keeping that in mind. Sorry, it's dot. Did you have a question?

Dot O'Brien: I just wanted to say thank I'm Dorothy O'Brien. I'm the chair of the northern Arizona independent oversight committee and was very pleased to. Be able to just listen in to hear your updates. Our meeting is Monday. So I'll ask Larry for help to make sure we can. Show the slides and of course, you're always welcome to join. I know all your schedules are quite busy, but

Dot O'Brien: Again, a mother of a child in Ash right now. She's been in seven years and absolutely tragic and I'm just so grateful to hear some positive movement and how the stakeholders and the families and the systems and the bipartisan collaboration and so on it's just as you said Willa it is heartening and the untold hours that everybody on this call, puts into this. Cause it from a mother's heart. Thank you. And so I'm going to sign off. and again, I just didn't want to sign off without thanking you and Holly as always thank you for including us, all the chairs and sharing information and Thank you.

00:35:00

Holly Gieszl: Absolutely. Thank you for joining.

Willa Murphy: Thank you.

Holly Gieszl: And speaking about your personal situation and thank you for the work in the north. Arizona is Ken on is anybody from Southern ioc on?

Jack Potts: Hey Dot, by the way, this is Jack good to hear from yeah.

Dot O'Brien: Hey Jack.

Jack Potts: I hope you're doing well. Haven't heard from you in a while. Take care.

Dot O'Brien: Yeah, yeah. I'll be in touch Jack, okay? Thank you.

Jack Potts: But let me ask just if I may on the legislative issue Holly there were 1750 bills.

Jack Potts: Initiated proposed statutes 18 have been vetoed by the government. I think 80 have been signed at this point. Just give you a sense of numbers if you didn't hear that already.

Holly Gieszl: Thank That's Amazing.

Jack Potts: interesting

Holly Gieszl: Yeah, it's amazing. And I don't think that it's bad that a small fraction of all the bills that pump up or are actually signed into law because it's a process right? And you're working to try to get a really good product. And I think that that was something that I was so impressed with this year was how hard all these different stakeholders were working and With divided government the fact that these numbers of mental health bills, which really are pretty fundamental in terms of what they do. it wouldn't have been accomplished without Willa and the folks from access who are always willing to

Holly Gieszl: Provide technical assistance, criticism support all of which is healthy and produces the bills that are good enough to make it through our legislature and get signed and I think that's the best government process in the world. I won't get all patriotic about it. But I think it's a good thing that the bills go through the process they do and if you get five bills out or six out in that deal with Behavioral Health, I think they're gonna be good bills. And so I'm really excited about all of these bills or that past do and the reason I wanted this overview and I'm glad that Thank you again. I'm happy that Mr. Carpenter attended and thanked you and others from access who may be listening in, but we appreciate it. You are our colleagues and without working with you. We want any of us to get done what we signed up to do. So, we appreciate it and look forward to doing it. In the future, but I think some of the things that we look at inside visits. It will change what we're looking at in IEDs if you see because it deals with issues like continuity of medication among facilities what happens at discharge the information that families that agencies are going to be

Holly Gieszl: in the bills required to listen to when a family member provides it Dr. Potts taught me long ago as a practicing lawyer that sometimes the most valuable information for his evaluations is the collateral Source information. One of the neighbors say, what are the uncle say, what is the teacher and he would go out and talk to those people in the field when they would agree so that process alone is formalized for the first time in the statute that the providers, can listen to the family members Summers of great advocate of that.

Holly Gieszl: and the information that can be collected from family members in the housing questions. Some of the questions were extremely intrusive and probably people were afraid to give it because the information might get hacked or something. I understand why they were there. It's important to ensure the Integrity of who gets housing in a very tight housing Supply, but I think all those changes were Really or needed and it's wonderful that they're in.

Holly Gieszl: Okay, as things happen over the next month or so. I hope Willa can come back and tell us kind of what the final score is as these bills are hopefully more past one remaining get past and get signed and I hope you'll come back in May or June. Let's hope it's done by June or July and...

00:40:00

Willa Murphy: Yeah. No,...

Holly Gieszl: Give us a little score.

Willa Murphy: I am thank you very much to everyone. I know Damien and I are going to hop off, but please feel free to reach out through Frederika, our wonderful ioc coordinator to myself.

Holly Gieszl: right

Holly Gieszl: right

Willa Murphy: I'm so sorry if you can hear shrieking better. Those are cats. and we're just happy to be a resource. I would love to come back and I appreciate everyone's call for taking the time and for thoughtful questions and caring about these issues. Thanks...

Holly Gieszl: Thank you.

Holly Gieszl: Good night. Take care of your

Willa Murphy: All right.

Holly Gieszl: Let's check with some of the community organizations and Partners Health Plan Representatives. Who's on and do you have anything to pass on tonight?

Tyson Gillespie, Mercy Care: Hi, this is Tyson from Mercy Care OIFA just a couple quick updates and then I'll turn it over to one of the other Representatives. We just did our connections conference in Maricopa County last week.

Tyson Gillespie, Mercy Care: It was the 10th year and had record attendance by membership over 350 on day one a little bit smaller participation day two, but very well received and really thankful for this work from access and other system partners for that event. And then Mercy Care will be hosting a helpful case management team Forum every quarter on the benefits of using peers and families as part of the treatment team. Our first one will be on May 6th. And we also will highlight a care and family run organization during those quarterly meetings, and I think the last thing that

Tyson Gillespie, Mercy Care: Our OIFA team is just really excited about making some really great connections with the members last week in the connections conference and are currently recruiting more members for space and I remember advocacy committees. And so we have several folks who are interested and we'll be adding those folks hopefully in May when those meetings roll around next time.

Holly Gieszl: Thank This is an opportunity for us to ask please. We would love to have members on this ioc. and so we have had in the past, but It's been difficult to get that and have happened. I have it sustained so I would just implore help us out get

Tyson Gillespie, Mercy Care: So Holly I am more than happy. There's current members who are on some of our committees, but other members who we met last week that I was on the southern ioc before I came on to the Mercy Care team really know the benefit of having membership on ioc. So as we're doing those meet and greets and introductions to our committees, I'll make sure they're aware of the ioc in the central region.

Holly Gieszl: Wonderful, and if you have a joint need if you have another meeting, we would love the opportunity to have some folks from the ioc come and Pitch what membership we've got. Lots of people that are so familiar with the system Matthew Moody folks who are on the ground who've been in the crisis system responding it would just be invaluable to have some members and we would welcome that opportunity. Whatever you do We do a webinar for the members. We can do a little video whatever we need to do to get the word out.

Tyson Gillespie, Mercy Care: Or Mercury more than happy whatever you send to us that we can share with membership. We will get it out there in the various forums that we participate in.

Holly Gieszl: Great. Thank you.

Karin Uhlich: And this is Karin lich from Arizona complete Health if I could piggyback on Tyson.

Karin Uhlich: We had a representative at the Connections Conference of Mercy Care's and really do appreciate Mercy Care convening members and partners, and we're always excited to collaborate and learn together. shout out to Mercy Care on that excellent convening. We held a community collaborative convening in Yuma recently. We've had a series of these stakeholder members and representatives from the health plan to problem solve the focus areas of our Workforce Development as well as stigma and addressing stigma related to behavioral health concerns and had a very good convening very broadly attended and are working on follow-up action items to address both of those areas. Thank you.

00:45:00

Holly Gieszl: Thank you. Is Yuma Southern Arizona or?

Lawrence Allen: Dr. Potts has a question.

Holly Gieszl: Okay.

Jack Potts: Yeah. Yeah. I had a question for Tyson. I've interacted with you before and some Arizona if I recollect turning some of your meetings and if I may Mercy Care. Manages the smis and also Altex patients, correct?

Tyson Gillespie, Mercy Care: So Mercy Care's line of business includes the Reba contract in the central region, which is Maricopa Gila and Pinal an ACC plan, which is General mental health child and substance use in the central region. They have an Altex contract currently in portions of the state. We are a Statewide ensure of individuals developmental disabilities and all so children and child welfare.

Jack Potts: To let me clarify this and I think this is appropriate. There is a Individual for example who has Altex benefits, but also has a serious mental illness. But they cannot receive SMI Services. I was told maybe erroneously unless they switched totally to SMI status and dropped all text. For example, the ACT Team behavioral health residential facilities and the like and I was told by the Altex person that it has to be one or the other. So is that correct?

Tyson Gillespie, Mercy Care: So contracts do work differently across the different lines of business, but Dr. Potts, if you want to reach out to me or my team or have someone who's an advocate for that member reach out. I'm more than happy to have our team assist look into that specific situation and...

Jack Potts: Okay.

Tyson Gillespie, Mercy Care: I'll drop our team email to chat.

Jack Potts: No. Nice to see you again. Thank you.

Tyson Gillespie, Mercy Care: good to see

Jack Potts: Thank you.

Holly Gieszl: Thank you, Dr. Potts, and we're going to put that on as a follow-up item because I think it's critical. that issue has been discussed at the Joint legislative Council on psychiatric hospitals because you hit the nail on the head in terms of the either or which unfortunately patients human beings are either or many of them are both and so your question really highlights the

Holly Gieszl: departure of maybe the system treatment of that from the reality of what human being is living with so we will put that on and follow up on it. and I know it is a particular interest of Senator Wansak. And so I think that that will be interesting and I will make sure that she understands that something from a policy standpoint has been raised at the ioc and raised by a psychiatrist, which I think is important. Okay, what's any other Community Partners with updates to any of the health plans?

Dawn McReynolds UHC OIFA: Hi Holly, this is Dawn McReynolds. Ooifa has led us into the creation of an OIFA Alliant. Which means that we are all collaborating together on different initiatives.

Dawn McReynolds UHC OIFA: And one of those initiatives is what Tyson was speaking to several of the health plan OIFA's are going out and educating health homes on the benefit of credentialed Family Support Services, which Holly I'm not sure how aware this ioc is the credentialed Family Support Services are extremely underutilized throughout our system.

00:50:00

Holly Gieszl: Yes.

Dawn McReynolds UHC OIFA: And so we're raising the flag to support family members as best we can and also increase those services so United Healthcare

Dawn McReynolds UHC OIFA: Oifa has been and is an approved training site or approved agencies set to sense staff. To come and become credentialed, so we'd like to kind of promote the credentialed Family Support portion as well as the credentialed peer support services. Just wanted to let you know and I believe Karen from AZ complete Health her team also has the credentialing ability as well. Thank you.

Holly Gieszl: Thank you, that is a really important point. I became aware of the Family Support Services when the inspector generals of the General's report came out last year and had Lots of information about areas that the audit revealed needed to be improved in health plans assuring that peer support Specialists were trained and current it was a very important finding and I think the emphasis on credentialing that you've just gone through I started looking at what the credential was and that was the first time I had come across the family support specialist. I may be ill but it is a

Holly Gieszl: It's very What you've said is important and I want to make a follow-up and let's see Let's see in three four months, before October September how that's going and it really is important and I think when we're doing our side visits and we're looking at the incident accident reports It's important to see if the references if the family need for family support and...

Dawn McReynolds UHC OIFA: Yeah.

Holly Gieszl: That's something that if we can get our Kings scale up our IAD reviews we might have data that could help you guys as well. So thank you very much. I think this is important and thank you for bringing it.

Dawn McReynolds UHC OIFA: Thank Just one more thing before I go back on mute. If you don't mind, we have a lot of Behavioral Health conferences across the state. This is the season right? And so when you were asking and...

Holly Gieszl: right

Dawn McReynolds UHC OIFA: making a plea for ioc members, I'm wondering is there an ioc brochure that can be passed along to us that we can help facilitate the conversation?

Holly Gieszl: Yeah.

Holly Gieszl: Absolutely. I will get you an endless supply of those. we will make sure it's something we haven't done but that needs probably to be double checked to be accurate and we will get those to you and maybe I'll contact you directly for your peers in the make sure we have everybody and all the other agencies and get you a supply it is online, but I think it's nice to be able to have those to hand out. So we will do that.

Dawn McReynolds UHC OIFA: I put my email for you in the chat. Thank you.

Holly Gieszl: Thank you.

Jack Potts: I have a question if I may. Is McReynolds? the families Support to go to the birth, correct?

Dawn McReynolds UHC OIFA: They could yes.

Jack Potts: And it no, okay and then the births are They are permitted to take clients. out for lunch or go to activities

Dawn McReynolds UHC OIFA: I think Dr. Potts that would be infused in their treatment plan. I know that of course, the family would have to be part of that and I think Dr. Potts the issue that we encounter often is that there does need to be in Roi signed from the actual member for their family to receive Family Support Services.

00:55:00

Jack Potts: You're going to do that. Number one before you even enroll them for Family Support Services. They have to have their rights.

Dawn McReynolds UHC OIFA: Correct.

Jack Potts: Number two. One of my concerns is behavioral health? The births have said they are limited to the amount of time family members can take them off campus without getting dinged by Mercy Care. So my question is,...

Dawn McReynolds UHC OIFA:

Jack Potts: this is something that may need to be addressed to have a successful program to say hey if they are in your family support, and could you look into that maybe to see, are there limitations? So if someone has done the training and wants to work with their loved one. will be committed to go because I've been told and leave the committee has been told that you are only allowed to have four hours a week off campus with family members. Etc other ways

Jack Potts: payment issues there so that's something do you have any answer to that or do you have any knowledge of time limitations these Family Support trained individuals can take their ward off from a birth.

Dawn McReynolds UHC OIFA: I don't but I really appreciate you bringing that so I will look into it and definitely report back that could really a fact the family support and the work that credentialed family supports do with the individual and their families. So I will look into it. Correct.

Jack Potts: Yeah, May sabotage it so you may want to look at that. It would be nice to see from your viewpoint. Because you may have a great grand vision of family support, but that may be precluded by other restrictions elsewhere, especially in the first.

Dawn McReynolds UHC OIFA: I can appreciate them.

Jack Potts: No. Thank you.

Holly Gieszl: And Dr. Potts, I think I can clarify we've had that with several individual facilities and my understanding and maybe wrong because in these facilities there were members both from Arizona complete as well as Mercy my understanding was leaving during the day as long as you're back and it's a planned visit a plan trip with somebody that you're authorized to leave with is fine. The problem comes if you're spending night away multiple nights, but for instance over Thanksgiving holiday a couple of years, we had clients and work with their facilities where the person couldn't leave for the weekend and go have over Thanksgiving weekend and be back on Sunday now and so I think that those are all family members or Guardians and that would be so that was the answer to that it was.

Jack Potts: if I may the last couple site visits we had were informed by the house managers that patients couldn't leave during the day for more than so many hours in a commutative period and not helping overnight, but thank you, but I just thought Dawn may want to check into that because

Holly Gieszl: Yeah, I think we'll get it clarified. Also for Mercy. I think it's also important to note that in the behavioral health field. There are Urban myths that pervade understanding of the system in part I think because the system is so complicated. If you try to read the am/pm manual, it's not an easy read and if you read it, it's not exactly clear anywhere in that manual. I don't recall your question being answered. And so I do think there are Urban myths that exist that the information that I provided was Information from mercy and trying to address this specific situation, but I think as a follow-up item.

Holly Gieszl: It would be important to know and clarify from the ioc exactly. What? Arizona completely expects people to leave and come back during the day. from their birth But also through the whole concept of voice and choice. Means that the individual can walk away from a birth at any point. And they can come back and if they stay gone for two days or for two hours or three hours 20 minutes to go get a root beer at the or diet pop at the store. They can't be kicked out. For exercising certain privileges. That's the heart of voice and choice.

01:00:00

Holly Gieszl: It's also of course a risk issue that people walk away and they stay gone and they come back maybe. Having used drugs and so forth and we see that so those are our issues that we see. But they are part of the system that you have chosen to participate in care. So they are not without problems, but I think we should get a good clarification from the Rebus on exactly what the rules require that will be helpful in site visits and IAD reviews. other Community Partners Health Plans, who are here

Holly Gieszl: Okay. we map Moody, mha

Matthew Moody: Yeah, our annual uses conference is May 2nd. Chick Arnold is our Keynote address so if you are interested in that, mha Arizona, but it's gonna be our 70th anniversary. So we were celebrating that seat.

Holly Gieszl: Wow, Okay anybody from Nami? There's a question about Joe from Banner. Hi. So she's in another meeting. Okay, Matt Lawrence. Rachel is not here. But do you want to give an update somewhere? I'm a mad moms. Is there anything going on critically? I know they're having a picnic this Saturday to Family members as well. if they choose that the moms choose to bring their loved one. It's gonna be very low-key not talking about mental illness, kind of taking not that off and just allowing members and their families to enjoy each other and enjoy the good weather. What we have is a great mad home that started out with a small group of moms.

Holly Gieszl: some five or six in summer was one of the desert as

Holly Gieszl: mom's going to court for the ones my brother that are in jail due to committing crimes, surrounding their mental illness. They saw how many of us moms were siblings in my case going to court alone and sitting there and bearing that weight alone and how lonely it was and so I really don't even know how I got in touch with Rachel but Deb Giesling has been going to court dates with me for a while just to sit there and kind of bear witness with you and as awful as it is and it's tragic as it is. I think it was good for the moms to see it because that's what kind of started the movement. Our loved ones are being so greatly failed by Community Health that they're ending up in the criminal justice system and they're just getting worse and then we're throwing it back into Community Health and we're just stuck in like you said like Senator what's up calls the carousel.

Holly Gieszl: a failure, and watching our loved ones slip away and

Holly Gieszl: the cruelest way possible and even dying, we've had a number of deaths just within the last six months of a semi individuals due to Suicide two in the last week and two last week. So the Mad moms I mentioned it only because I believe it's a remarkable Grassroots organization, of mothers a family members who are many instances not always legal guardians, but who are the ones who are trying to navigate and help and our daily involved in the front lines on the behavioral health system and it's grown there now hundreds of families who are members to 25 and this is in the past six months probably and they're making contacts and other states. So as always Arizona is an innovator as access was

Holly Gieszl: Innovative policy and I think that the Mad moms are something that can be a great benefit to the iocs in identifying problems that they are seeing which can help inform our site visits and our reviews of iads. moving on Any other community partners that are present in? and want to

01:05:00

Holly Gieszl: Want to bring us up to speed? otherwise, let's go to our regular items that we talk about

Holly Gieszl: I've got to pull my agenda up. My phone went away. That was very smart.

Holly Gieszl: Let's go to the monthly reports from subcommittees. I don't believe there were any site visits. Am I incorrect?

Holly Gieszl: Okay, we will move on to the IADs that have been reviewed and Dr. Potts is chairing that subcommittee Dr. Potts and I know somewhere has some and there may be other IEDs. So would you like to take that item?

Jack Potts: Yeah, thank you madam chair. A couple of months ago I spoke. According to Matthew at length and ad nauseam, mind you about the dead people found in the backyard of some place on ID and I'm just joking that but I did get a response back from them, which I thought was adequate. And the same person was found At the place and also it was a boarding home. A few members with someone had two people and fell unconscious backyard policeman called numerous times Etc. And DHS apparently conducted an On:28-23 of that facility.

Jack Potts: It would be interesting. I think we ought to Look at that facility. And I frankly am willing to do a site visit if anyone wants to go.

Jack Potts: Him elsewhere, so it'd be a bit morning for a couple hours. We could pick a couple sites. I may be interested in or anyone else might be interested. So that response and I had other responses Frederica was good enough to forward me the other responses to some of the queries I had. I've Two things: one is that a committee heard back from the issue. We had last May with Emmanuel Campus of care. But that inquiry was not sent to me recently. That we have never seen an IAD from them.

Jack Potts: Their response was sent on the 20th of March. So we have a few more days until a month has passed the manual Campus of care 99th and Peoria some in some you may know is a very very big. long-term care type of facility with dozens of SMI So we're wondering on a site visit there why they had never done an IAD and they went to where? So that response is not coming yet. But the third issue is that summer and I were in Communications. She has some very interesting cases. She's reviewed. and we talked about the procedure and Filing an inquiry and I sent a couple examples of responses. I had the inquiry. So any of you who are doing IDs anytime. Feel free to contact me.

Jack Potts: I will send you for example some inquiries and responses I've received and just give you sort of an idea. The procedure we have here is to review the IAD. If you have a question on it, why did the person die when the last contact visited what happened regarding punitive measures or corrective measures? We need to send that inquiry initially, wait for the response and then have the committee then we can decide what we need to go forward or not. But the inquiry is important to do and there's a form for that on the ID site.

01:10:00

Jack Potts: I like Summers. She's been diligent and reviewing these cases and I'm really appreciative that I don't know if anyone else has looked at them. And then when someone's done, I'll just summarize summer you available.

Holly Gieszl: Yeah, just give you a brief description of the IDS that I've viewed. The first one that was really alarming was in regards she's more of an elderly person, but

Holly Gieszl: had no contact with her clinic for about two months. But before that loss of contact had been very sick, broke her hip and seemed to be in a not great facility. So wanted to do some inquiry about whether this is a licensed facility that she was at with we're secure within the Reba and as to why there were no attempts made over the course of two months and resulted in the clinical team finding out months later that she passed away due to some health issues. So my questions are just going to be a lot of Health based if you lost contact with their clearly, she wasn't making her medical appointments and what was done and what efforts were truly made to really find out specifics about this individual. That was one that was pretty alarming we see that often and

Holly Gieszl: is an interesting issue because a related issue is whether Mercy was still. Receiving payments for this individual who had been dead for two months. That is really concerning because they would have been paid for someone who was deceased and they didn't know they were deceased and therefore continued to include that person as an enrolled member for payment. That I think is something that we have to address in this as well and should deal and should talk to Mercy care about that. So this is a very sad case I think and I am not sure.

olly Gieszl: How it happens that you have no case management. With someone with medical problems, I would assume this person was probably getting personal care services. What I'm reading? So it was the person and this was in an unlicensed tone. I'm one of the clarification questions that I'll be asking what's the home license but it said group home, that's all it was. And so I wanted this specifics, sometimes they just list the group on what the birth was because this person obviously doesn't have an SMI. There's a connection, right? Okay.

Holly Gieszl: any

Jack Potts: Any Matthew yet a point?

Matthew Moody: I have a couple of things but she answered the question that's gonna make sure you should definitely write a letter about that.

Jack Potts: But at first we need to do the inquiry not on the forms. They provide my suggestion.

Matthew Moody: I apologize for you.

Jack Potts: Not a formal letter.

Matthew Moody: They're all vernacular at whatever we need to do to initiate them doing a further investigation. I wanted to make sure we did that.

Jack Potts: Yeah, okay. No. agreed

Holly Gieszl: Okay, and okay, and There is another one that I'm looking for a clarification in regards to a female. younger was reported that she was saying a staff member was laying in the bed with her and her room to provide comfort for her anxiety and there was no clarification whether or not that was reported to APS or to the police and Dr. Potts, part of a great Point had this female reported other times that potentially other staff members or that same staff member had done it before so I'm looking for clarification on that. The proper protective measures were being taken to make sure that maybe there was some level of accountability held to this staff member because all it says is the staff member was fired which concerns me in the sense of was there?

Holly Gieszl: Was there appropriate legal actions and parameters taken to ensure that the staff member potentially is not just ending up working at another home just due to lack of appropriate reporting and to be clear the report was that the staff member got in bed and was under the cover. with the patient with the member. So this is extremely concerning for obvious reasons. And I want to come back to that and then the third one.

01:15:00

Holly Gieszl: Intoxication like an individual and this is something that I'm concerned of itself because this agency has two locations on both the west and the east side on the east side some of the members are doing meth and Phentermine at the clinic on the west side on this specific ID a member showed up to the appointment. It was reported, a sound mind participated in their medical appointment, but then a member came rushing into the clinic saying that the same individual had passed out.

Holly Gieszl: Outside right by the smoking area and apparently had ingested a large amount of alcohol at the facility. So I just want to look into that and really it was just a nurse with them on the side because the guy was vomiting and was transported to DMS. What this specific agency is doing to protect these individuals to ensure that substance abuse isn't happening at their clinical site is just so we're living. No, it was a medical. I'm one of our largest agencies. Is that a behavioral health provider?

Holly Gieszl: one can only imagine that if you had your medical appointment and in the provider documented that you engaged and you refine and you presentation, okay, and then you on site from alcohol that's chugging an awful lot of alcohol quickly to end up like that and it kind of again brings me back to the question. How do you assure the Integrity of the medical record that reflects that I mean?

Holly Gieszl: It doesn't to me seem possible. But assuming the timeline is correct and the person seen and then has their appointment and then goes outside and not long thereafter is passed out from intoxication, I don't know how that happens. But we will investigate.

Jack Potts: Let me ask Matthew, has anyone else reviewed IAD's? I would like to mention Matthew you seem to have yes.

Matthew Moody: I don't have anything to report. I have three questions. so that was an SMI Clinic you're saying.

Holly Gieszl: Yes and...

Matthew Moody: Summer, okay.

Holly Gieszl: my clinic.

Matthew Moody: so I definitely want to bring Joel into these discussions a little bit more because he was a clinical coordinator, but with my SMI experience, I would say that

Matthew Moody: they were in the building drinking alcohol, like that's what was saying or because they could have just been outside chugging a bottle and stuff like that before.

Holly Gieszl: And what they were just right outside by the smoking area and the smoking areas are steps away at this specific Clinic. I know that the smoking areas literally Maybe A wingspan away from the door to the clinic, they're not in a designated quarter of a mile down the road or even 500 feet from the clinic and the fact that a member is running in rushing saying, and sells vomiting and knocked out by the smoking area and I'm just like, geez, but the way that he was written seemed that it was in a very short amount of time between seeing the provider and...

Matthew Moody: Yeah.

Holly Gieszl: then being outside. So I was like dang they're choking on alcohol at the clinic here.

Matthew Moody: Okay.

Matthew Moody: And running it in my mind. I thought you were talking about something like a residential facility or group home and it's like if they snuck alcohol there and were drinking outside.

Holly Gieszl: Yeah.

Matthew Moody: That's a huge issue. They should probably go out and say hey, dude, please stop shutting 40s in front of the clinic. So it'd be a little bit different if they're doing Behavior outside of the funny and not inside.

Matthew Moody: I think you're 100% On that we should send an inquiry. Sorry Jack, nice in the right words, but whatever we should escalate that one hasn't read review I guess is the right. Does that track with you Joel? I miss it.

Jack Potts: If I may, I've seen that clinic myself. And so one of the issues I would ask is how often security goes out and checks on the smoking area because the areas around law clinics people smoke, use drugs are small or drink. So how frequently is security and what's the corrective action?

01:20:00

Holly Gieszl: yeah.

Jack Potts: Maybe there needs to be a corrective action. But this is like any Circle K. But the end of the bus lines or it's a homeless Clinic with people who have a good percentage of drug problems with good points. But yeah, I think follow-up inquiries are great. Matthew had two other points on the make

Matthew Moody: It's going to make sure I didn't message Joel did that track with? your thought

Joel Thompson: Yeah I think that tracks with my thought the only other question in my mind is and I have no idea how this works but is the smoking area part of the least agreements for as my clinic is that under the purview is that technically off-site that also would impact the way that I think about it, but that would be kind of the only other question in my mind.

Holly Gieszl: And I think it would be useful. Maybe we can get a picture of that clinic and that's a great point, one of the things any other IAD reviews.

Jack Potts: Yeah, let me just mention then to close for the IAD report that it is interesting what we see and I think it's kind of fun and as I mentioned in the summary. The majority of IEDs, I believe, are good, But there's some for which we're looking at a pattern and we can also click on the site. I believe there's a way and I think Frederica told us before there's a way you can actually see. If we see a lot of IEDs coming out of these sites it's gonna give us reasons to visit the site. There's no reason we can't take runs and our visits to the clinics during the week also is as a couple of us anyway, so no, thanks. It's great to see someone having a good idea.

Holly Gieszl: On the ID issue. I want a real quick Holly too. We can even view the number of IEDs on a specific member. I've been paying a lot of attention to that because I want to

Holly Gieszl: This specific member is repeatedly having IEDs and they have 40 IEDs within the last six months and how are they being served with where both of that are they hospitalizations and if they're always being hospitalized then's going on What is the clinic doing to support that member to stay out of the hospitalization? So I'm paying attention. I'm making sure to click, the number ID history on an individual and if there's a ton then I'm going to start doing inquiries into why are there so many IDs on this specific SMI member and why there's so many hospitalizations and what kind of status are they on, supportive act teams that type of thing.

Holly Gieszl: That's a really important question. I think and if you see the member having IAD East written at their birth at the clinic at the hospital at there, then something's wrong with that place Something's wrong with the medications that thing wrong with the treatment plant and if those IADs continue, it's only going to be a matter of time until there's an assault, somewhere and then the member gets arrested I think that that kind of consistency and looking for patterns is wonderful. Thank you some are and that's great. Keep it up.

Jack Potts: Matthew had a point

Matthew Moody: So yeah, three things one. Joel and I are going to meet on Tuesday and I'm gonna train him with the IAD process. So I'll make sure that he knows how to do everything that I started seeing. There's two groups of changes that I see for that. I haven't done this for three months now.

Matthew Moody: Can someone explain what internal referrals are? I mean access saw something and wanted to look at it.

Holly Gieszl: You broke up a little did you rephrase that?

Matthew Moody: I think

Jack Potts: Fredreaka might be able to address the issue of what the IRF is which means internal referral versus IAD Fredreaka.

Fredreaka Graham: Yeah, it's when I get a review of something that wasn't reported. So hospitals generally are the ones that do internal referrals. So it's an IED but it's something that they saw while they were in the hospital or something that could have been reported to them. a member comes into the hospital and they report something to the hospital then they can do an internal referral.

01:25:00

Holly Gieszl: fun

Jack Potts: Quality control would you my guess?

Matthew Moody: I just don't understand that the verbiage here internal to what

Fredreaka Graham: It's just called internal because it's coming not necessarily from the person's care team or somebody that was providing the service when an incident happened, it could be again, let's say a child goes into the hospital and they report something to hospital staff in the hospital has a responsibility to report that to access so it comes through as an internal referral.

Jack Potts: So APS is getting a referral...

Holly Gieszl: All right.

Jack Potts: because a child abuse emergency room emerged from doctors and internal referral to APS. So it's CPS. Is this right...

Fredreaka Graham: They'll do access. Yeah.

Jack Potts: But I'm talking about?

Holly Gieszl: Yeah, look, I can give you some examples of a patient coming in from a birth to the hospital and an unwitnessed fall with a head injury and they determined that the patient had been missing all day at the birth came back and it was found outside. The birth comes to the hospital.

Holly Gieszl: And the hospital and taking the intake figures out. This is an unwitnessed call from somebody who's Edinburgh, but was outside the birth and they start working the patient up and the patient lights up every talk screen on the UDS and blood tests. So the hospital rights and internal referral to access that diversity. That's a typical sort of issue or a patient comes in. He's unexplained trauma. And then they refer to that. internally for investigation so that and I think that I'm glad you had one of those I had not thought about them. We get involved sometimes when there's a criminal place that arises out of it. But if there's an internal referral, I think we should then.

Holly Gieszl: On one that we're going to do we should do an inquiry on what was the result of the internal referral review? Because that may be where you get more information. and

Holly Gieszl: So that's a very good point there.

Jack Potts: They're often QOC reviews also that are results of the investigation. which you'll see when you go through that right Holly.

Holly Gieszl: There should be although the quality assurance process has changed so dramatically in Arizona hospitals. I'd have to pick a different system.

Jack Potts: I'm saying on the form they're on the portally go to.

Holly Gieszl: for hospital for non

Jack Potts: No the QOC. There are some higher level reviews that are on the portal that we can evaluate.

Holly Gieszl:

Jack Potts: I'm just saying that that is there for some as you were suggesting but Rica had a question or comment.

Matthew Moody: I think just give a thumbs up.

Fredreaka Graham: No, I was just giving you the thumbs up to what you said Dr. Potts.

Jack Potts: Okay. Okay Matthew.

Fredreaka Graham: That's correct yes

Jack Potts: I'm going to meet with you and Joel or be available if you wish to if I can help because it's chairman of the IAD. I will be glad to do so.

Holly Gieszl: but anything

Matthew Moody: Okay, yeah. So the other question I had.

Jack Potts: just let me

Matthew Moody: Did I notice this month going through these significantly?

Matthew Moody: increase in the different providers that are putting in IED sort of seeing games. I haven't seen anyone before and somebody they don't know. I see things differently.

Matthew Moody: providers that rarely did them doing them more and so it specifically Glory the crisis line started putting some in for crisis calls, so that appears to be a change and I'm wondering if for drinking you have any idea. Were their new procedures or policies implemented on ID? S did you reinforce not you specifically but access is an organization or Mercy Care. Did they really enforce that? These things are supposed to be happening. Do you have any insight on that?

01:30:00

Fredreaka Graham: I don't have insight to that.

Matthew Moody: Could I ask you to follow up on it?

Fredreaka Graham: Yeah, if you send that to me in writing so I can get the request correct. I can send it up to who it needs to go to. I'm not sure exactly so I'll have to check with leadership, but sure.

Matthew Moody: Okay, do we need a motion for that?

Fredreaka Graham: I don't think you need a motion. You could just send it to me so that I don't get your words mixed up.

Matthew Moody: Is the committee okay with you doing that?

Holly Gieszl: right Absolutely, absolutely.

Matthew Moody: Okay. Yeah,...

Holly Gieszl: anything

Matthew Moody: I guess is one of the tells that the committee that I noticed that we did not used to do IDs very rarely on the crisis line because we typically Didn't one necessarily know there No other provider was typically what People to speak with them. we never discovered someone died. Right now we're on the phone so we don't ever find a body or dot so that keyed off something in my head and there's some of these other providers that I just haven't heard of before the internal referrals were in there. I haven't seen that many before so yeah. I'm just wondering if this is part of an initiative to increase

Jack Potts: And it's a good question because I hadn't seen either crisis line. That's an interesting issue.

Jack Potts: whatever

Matthew Moody: Also, and that we should or shouldn't have we didn't do it and...

Jack Potts: right

Matthew Moody: It wasn't something we never found the person itself, but there's also a company called hopes with two s's and then I see hopes Bethany Homes like fdh, there's these BHRFs that I just really haven't seen before. so I was just really curious as to why that was a pattern. So I'll send rodrigue about it. That's everything I had.

Jack Potts: Why don't you copy the rest of the committee on the email?

Matthew Moody: I absolutely do that.

Jack Potts: That way the same page is just a thought.

Holly Gieszl: so Frederica, I have a couple of questions in trying to

Holly Gieszl: think about how to have our IAD process Be his productive as possible. And our review process. we are required by Statute to say we shall visit special assistance. individuals

Holly Gieszl: and we've talked about this before. we need to be able to generate whether it is from the portal. We are in now or through a monthly request to access. We need to be able to generate. a database of all the special assistance individuals If we can't do that, we can't fulfill our statutory obligation that we shall visit these people. because it's Hit or Miss in the current database as to whether we can't identify so. How do we do that?

Fredreaka Graham: I know we've talked about this several times before and again the FTP server is where all of that is housed. So you have to go into the FTP server and...

Holly Gieszl: right

Fredreaka Graham: gather that information because it is Protected information there's different ramifications as to where that information can live. So the FTP server is a server that is past word for all that kind of stuff. So not everybody can get access to the FTP server.

Holly Gieszl: I understand and...

Fredreaka Graham: That's what information lives.

Fredreaka Graham: I don't have any.

Holly Gieszl: I just

Fredreaka Graham: Jurisdiction over other than uploading the special assistance reports when they come to me on the 25th of each month, which I've done consistently since I've been in this role. I was in talks with the team who is the man that reports and is the team that sends that report to me. I'm willing to go back to them again to see if anything has changed. But from what I was told is that they are providing the report as they should and that is through the FTP server. So from that point the information is readily available to whomever accesses it in the FTP server.

01:35:00

Holly Gieszl: Okay, but I understand that. how do we use the FTP server that we have access to and No.

Fredreaka Graham: Yes. Sure, sure, whoever needs it.

Holly Gieszl: Let me finish. if sorry

Holly Gieszl: other things searching every item in the database to which we have access.

Holly Gieszl: to look for special assistance individuals How do we access? the identity of the IEDs on special assistance

Fredreaka Graham: Are you referring to it in the FTP server?

Holly Gieszl: or

Fredreaka Graham: Is that what you're asking? I'm not sure what your question is. How do you identify there? They're all listed under your region. So.

Jack Potts: No, no if I'd clarify, I think...

Fredreaka Graham: Okay.

Jack Potts: What we have is a parallel conversation here number one as Holly knows and we all know there is an FTP server, which is separate to me. I've been locked out for a long time with an Excel spreadsheet of Those special assistants. That Excel spreadsheet can be sorted by ZIP code by address blah blah blah, but what Holly's asking in and I agree in the past. We had a drop-down on the portal.

Jack Potts: The permitted said special assistance that category and I thought that the committee had voted previously to make a formal inquiry as to why that special assistance dropped down the IAD list. They have SARS inclusional strength. if Dawn SMI they have, child adolescent. and we used to have special assistance so we could go through that. They eliminated that so I think that's what we were asking for months ago, but I don't know...

Holly Gieszl: right

Jack Potts: I don't know if the committee ever formalized that request and got a formal response, but we previously did vote on that to say we wanted to Have a formal request made.

Holly Gieszl:

Jack Potts: To AHCCCS as to why they did and why they could not again Implement a drop-down list separate category for special assistance is that correct calling?

Holly Gieszl: It is. We did a request in Fredreaka has told us. the date is in there. You have to look for it.

Jack Potts: And it's only in the FTP. So we need to ask on the general portal. So I don't think we need another motion. But that's what we have to send a formal request from. I would suggest to Larry Allen the saying why was it taken out? Number one number two, we wish to have it replaced.

Holly Gieszl: Okay, I guess there is a discussion there.

Holly Gieszl: I don't want us to try to figure out through multiple layers why we don't have access to the data that we are required by Statute to have. In order to fulfill it says we shall make site visits to special assistance members.

Jack Potts: honestly

Holly Gieszl: I don't want answers. I'm not really interested in understanding why access took it away from us. maybe there was some great reason took away the access all I want. is

Holly Gieszl: access to solve the problem that the data is no longer in the portal to which we have access. I am requesting and I'll send it in a formal request to Larry, but I am requesting access to provide with a special assistance list not nothing. Maybe you don't have to give names. I want access to the addresses where special assistance members reside. So that we can comply with our statutory laws.

Jack Potts: I hate we have that available to us.

Jack Potts: The Excel spreadsheet I'm being very clear in Frederica. Tell me if the Excel spreadsheet gives a name, gives the address, gives us a guardian, gives a phone number, gives a clinic it gives a name and Specialists. We have that information. We do not have the special systems broken out as to iads when there's report of an IED as we used to have but that FTP gives us full access to the name date of birth and all the information you ever want that's available for special assistance and the address it doesn't however, we used to have an ID. So Specialists if there was an IAD about a special assistance patient,...

01:40:00

Holly Gieszl: right

Jack Potts: we used to say, hey, this one was potentially abused the week we can look at that. But right now that Excel spreadsheet is fully available on the FTP server for all of us.

Jack Potts: Am I correct Frederica?

Fredreaka Graham: That's correct.

Holly Gieszl: Okay. But...

Jack Potts: Okay, it's there.

Holly Gieszl: how do we get the IADs on specialists?

Jack Potts: That's the question. We asked three months ago and five months ago. we used to have a subcategory as summer knows you drop down you want to screen these it used to have one for special assistance that was deleted and that's what we need to inquire about formally because we talked about this for five months and never had a letter written as we passed motions on that to go saying.

Holly Gieszl: But okay, I don't know. I'm not sure that's accurate but I'm not sure that it's accurate...

Jack Potts: It is.

Holly Gieszl: And I'm not going to get into an argument in this meeting about the number of months or the number of times. All I'm trying to do is to make sure that we are all clear. What we're asking for is the ability to look at Special Assistant IADs written on special assistance members. Are we all in agreement on that? it's okay or...

Jack Potts: I second that motion.

Holly Gieszl: Are we in agreement on that? everybody's not affirmative. I will send a letter attached to an email to Larry and ask that make available to In whatever format is access to a list of special assistance members as part of the IAD data database that we have

Jack Potts: I suggest you say as we previously had for five to ten years. That was a breakdown and as Fredreaka told us for some reason they delineated that in the last year I'd say as was done before so they know it's not like we're Reinventing the bloody wheel. Does that make sense folks? they can look it up Holly and...

Holly Gieszl: I don't know that the people we're talking to now know, what were there five?

Jack Potts: for God sake I got printouts of it. So they know what circularly brought it up with Frederica before and she said to us that for some reason they deleted it. So I remember that.

Holly Gieszl: Fredreaka, are we asking this in the correct way?

Fredreaka Graham: I mean the conversation that was had when CJ was still around when we were both and still in r that's been over two years now. Maybe even three there was a cop there was conversation in regards to that list in the portal and why it was going to be removed. And it was mainly because that section that brought up the special assistance.

Fredreaka Graham: Had a lot of user error meaning there were a lot of reports that came up where the members weren't necessarily specialist in so it wasn't a true report. So CJ did a training and everyone agreed at that time to remove that and that's why it was removed from my recollection. And that was again over three years,...

Holly Gieszl: Okay.

Fredreaka Graham: so You guys put it in writing and...

Holly Gieszl: I agree.

Fredreaka Graham: I'll take it back again. I mean I've been in conversation about it, but there's nothing formally requested so there's not a lot I can stand on with it. And again it's not in my will house. It's just that I'm the reporter. So when I discussed it the information that is given is that it is here it is available To whomever has access to the FTP server. So the information for the special assistance members is there now. What you're asking for today is a little bit different: you're wanting it to go back into the portal and be attached to IADs. So that's a different request and you guys go ahead and put that in writing send it over to Larry Larry you get it to me and I'll get it to who it needs to go to for a response.

01:45:00

Holly Gieszl: Okay, my recollection was that there were historically problems with the accuracy of addresses of individuals in the special assistance when we had the drop-down and...

Jack Potts: Yeah.

Holly Gieszl: we found instantly that 25 to 30% of the members who were showing up on the special assistance list when we made scientists, in fact work there and in many instances hadn't been there.

Jack Potts: Yeah, those are two separate issues they were not in the IEDs though. They are two separate issues. The list was clearly inaccurate because they had moved on. So that was one issue. You're right Holly and the set because it wasn't up to date. The second issue was the population of the special assistance specifically in the ID portal, but you're right just because the portal doesn't identify names or addresses. So we would group when we met Sait visits.

Holly Gieszl: right

Jack Potts: We would go to places that we knew the patient John Doe was listed at and so homes on Jones Street and he wasn't there. So That's a separate issue from them taking away the populating the ID specifically under eye under special assistance, but you're right.

Holly Gieszl: and I wish I had the portal.

Holly Gieszl: In the portal we are able to pull down the special assistance jacket, I think you said there's no way in the FTP portal that we have that we can identify special assistance members by address.

Jack Potts: No, FTP is a separate portal. You're mixing the portal. We have two portals. There's one FTP file transfer protocol portal, which is much more secure whether every name and...

Holly Gieszl: right

Jack Potts: Every address is there. Under the IADs. That's the normal portally going that summer just went on and that's going to teach Joel about doesn't give any names at all and rarely gives addresses but it gives just basic information. So totally separate and...

Holly Gieszl: right And that doesn't help us identify site visit locations or...

Jack Potts: yet login separately to okay.

Holly Gieszl: assistance site visit locations.

Jack Potts: But it doesn't help identify special assistance people for whom there may be an IAD. That is absolutely correct.

Holly Gieszl: And it doesn't identify Specialists and doesn't give us addresses of special assistance.

Jack Potts: You are under the protection act to my understanding of the drop-down portal with the IDS. The address is redacted because that's personally identical information under the other portal. It's just a list of every Special Assistant patient. It does give addresses. So if we want to visit a place that has special assistance clients, we can visit them. But there's no linkage between Specialists and...

Holly Gieszl: Okay.

Jack Potts: ID the two different portals.

Holly Gieszl: All Okay, then until we try that system and are exhausted. I'll Frederick I'm not going to send a request. We'll see if it's able to be workable if we can make it work and

Jack Potts: I will strap the request if I may to the chairwoman because I think we all agree that We should have a special assistance drop down a subcategory. And I'll send that to you in the committee because we've talked about this and we need to get a formal response. I believe and I know we voted on it before we did the portal. The FTP is a good Excel spreadsheet. We can always go to homes where people supposedly eat but that doesn't mean where there may be problems. That's the issue. We're trying to link. Does that make sense? the rest of the comedians? I don't mean to confuse people but Joel Matt summer

Holly Gieszl: Let me just say this Dr. Potts. What draft would you think we should stand for and we'll look at it at the next meeting that makes sense for you to do that.

Jack Potts: Okay.

Holly Gieszl: I'm not convinced based on what I've heard I'm now not convinced that we can't do the special assistance visits based on the information. That's okay.

01:50:00

Jack Potts: We can. Okay.

Holly Gieszl: And so that's all I'm concerned with because all I want to do is be sure that the one thing the statute says we shall do is site visits to special assistance and we gotta do that and I'm not been very successful in increasing the number of sight visit beyond the few that we used to do each year. And so that's something I know we all want to do. Okay, Matt follow up items. on the agenda

Matthew Moody: So we had sent two letters to access one regarding MIT basically how they are monitoring and tracking in the MIT

Matthew Moody: that stands for murdered and missing indigenous people. So we sent one letter about that. We also sent a letter where Rachel had gathered releases of information with concerns about how possible discharges are being completed with medication. So received responses on Neither of them really?

Matthew Moody: Okay, let me just take one. Regarding the MMIP stuff. The letter basically says we don't know if we can answer your question because of a certain revised Statute and this access respectfully requests additional time to ensure the appropriate responsibility all is responded sooner if at all practical And then Holly that's a lawyer word of assuming practicable.

Matthew Moody: So what I'd like to do on this one and for this letter, I would just like to request Frederica if you need to write let me know but can you ask somebody when they anticipate having this done? And when is a drop that date guarantees that I have an answer on this one because basically the letter just says thanks to your requests. We don't know for this law** answer you and then we will request additional time and get it to you as soon as possible. But I'd like to know if they have any updates. Let me ask this. I'd like a date from somebody access that's not like I'm at the committee's.

Matthew Moody: Mercy on that one, but that's

Fredreaka Graham: That I'm interrupting. Is that the MMIP one you're asking about and...

Matthew Moody: Yes

Fredreaka Graham: I miss. Okay. Yeah sure. Absolutely.

Matthew Moody: And I don't know, can they give us an update every two weeks or something like that so that we know what's happening?

Fredreaka Graham: Yeah, I'm gonna put it all in writing for you.

Matthew Moody: Okay and I can share the letter with everybody. I didn't know what the protocol was on the ollie, but I'm happy to show you.

Matthew Moody: on the hospital discharge one. They answered all of our questions. I don't know if any of us have really set up through it. So we should probably have a meeting for some committee to go over it. But all the questions we asked about are responsible for insurance and clients have refills in the medication. It requires that the Reba engage ongoing oversight and not training at Birth providers. So it didn't even ask the question so it's very much like Go look at the AMPM. but they said that they have referred.

Matthew Moody: In response to your requests to open an investigation into eight specific events access is requested Mercy Care investigate these events for the five access members listed once we receive information on Mercy Care and then they will look to see what they can provide whatever. So anyway, the question on this one is can we get an update for Mercy Care on what the investigation is and how long it's going to take. So that we can kind of keep track of that.

Fredreaka Graham: Yes, so, I'm the Mercy Care update for the five members that are listed. Okay.

Matthew Moody: But I can actually use this. Things so we got responses, which is great. I was happy about that. They

Matthew Moody: thorough and well written I can say that this is the last sentence there. I just put in the chat for now. Let's read it. Yeah, we're basically just the whole thing. We get more information.

01:55:00

Jack Potts: Matt Matthew if I may it really would have helped me as a member to have seen the original letter that went out and then I've seen the response before the meeting. To have been sent out maybe as attachment to something else the agenda because that way it's gonna be up to speed more and so whenever I just think I know what we voted on all that but be safe to see that and maybe I missed it in the mail, but that way, I know what you're talking about rather than just having to recollect. That's all.

Matthew Moody: Sure, that's fair. That's trying to summarize it real quick. I don't know what the protocol is. I wrote the letter directly to the access director. I received a response. I don't know if I could do that to the public.

Jack Potts: You said it to everyone you want I think the committee it just helps it to me.

Matthew Moody: I don't know. What's

Jack Potts: It would help me as a Committee Member to understand the context what the letter was what** defeating us.

Holly Gieszl: Okay, what we'll do going forward is For things we're going to put on the agenda will get that in advance and...

Matthew Moody: Okay.

Holly Gieszl: we can send the letters out with the agenda to the members.

Jack Potts: Thank you. Thanks.

Holly Gieszl: So you have all of that as a package. Does that make sense? I haven't seen them but that's fine. I'm glad Matthew got them and followed up that we've got a good report and we're way over time. We've got it in this so we have a Point presentation at the outset. So is that Good. for

Matthew Moody: That's all I had. We just need to get those responses. Yeah, I'll send an email out to everybody with the original letters. Sent and the responses.

Holly Gieszl: And then also I want to have a conversation next time about how we can speed up the IAD review process because I'm a little concerned that when we go review it. We review the ID if every number is reviewing IDs and every member is sending out inquiries and then we come back and we're relying on each member to track whether there's a response. and bring the inquiry and the response back to the committee. So Dr. Potts your point there about wanting to see things in advance and when we talk about it, I think we need a way to Short Circuit. the inquiry process in our discussion, so

Jack Potts: Leary I agree and we discussed that earlier and that's why. We have chair people of the different committees. So if there's an ID issues The members of the committee or anyone who wishes to discuss it. Let's bring it to me and let's discuss bringing to the committee a subcommittee and IED so we can then. Hone down what we need to bring forward and most critical ones bring the committee. That's why Matthew I think we had the subcommittees begin with so we'd go through someone who will be a funnel and frankly. I don't give a damn if being final I hate doing IEDs, but I think I have more knowledge than most. So that's the goal. We should have summer and I talked about that earlier. So any idea issues come to me.

Jack Potts: And my sense is it shouldn't go on the agenda. You just have a report about the IDs of the airport and sighted the site visit chairperson gives a report or defers as someone. But that would cut it down. Does that make sense?

Holly Gieszl: it cuts it down as long as we can turn it all around within a month so I think we need to think about that if

Jack Potts: I guess that's the role of chairman isn't it the report back there if there's a question and I will do so.

Holly Gieszl: Think I'm concerned about the turnaround time, but we can think about it and see if we need to do anything to streamline it. Okay, let's see. Where's Sabrina?

Matthew Moody: We're overtime. She had to drop off.

Jack Potts: We even have a full quorum at this point. I think we are still good.

Holly Gieszl: Yeah, we did. I apologize. We're not going to go past seven o'clock on this. It's not fair to the people we went over and I should have eliminated issues on the agenda because I want to just to know what was going on at the legislature with things that I think are going to affect the scope of our work and issues and so forth. Okay any other business?

02:00:00

Jack Potts: That was very important to do Holly and I think it's worth going over to at different times. Only me once a month, and I thank you. For doing that.

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Holly Gieszl: Okay, any other business Thank you for drinking as always for helping us out and Karin. Thank you for hanging in there and Dawn everybody. I really appreciate you doing that. And with that anybody wants to move to adjourn.

Jack Potts: second

Holly Gieszl: all in favor are here Thank...

Jack Potts: Bye-bye.

Holly Gieszl: Bye, have a good day.

Matthew Moody: Thanks, everyone.

Dawn McReynolds UHC OIFA: Thank you. Bye.

Lawrence Allen: Thank you everybody.

Fredreaka Graham: Thanks.

Meeting ended after 02:01:14 🤝