

This meeting is being held virtually.

Meeting called to order by **De Freedman**. The date was April 23, 2024, at 6:03 pm. The address of the meeting was Virtual, no physical address.

Attendance in Person: None - This meeting was virtual only

Attendance by Google Meets unless noted:

- Diedra (De) Freedman
- **Brad Doyle** by phone **25
- Crystal Fox
- **Pat Thundercloud** by phone **37

Absent:

- Jaymie Moore
- Cynthia Macluskie
- Shelly Vinsant

Public in Attendance:

- Pamela Dewey
- Callie Walling

Arizona Department of Administration (ADOA)

• Larry Allen

AHCCCS IOC Liaison

• Fredreaka Graham

AHCCCS Presenters:

- Tara Cochran
- Jakenna Lebsock

Healthcare Plan Liaison

- Tyson Gillespie (Mercy Care)
- **Absent** (United HealthCare)

DDD staff and Guests:

- Leah Gibbs (DDD Office of Individual & Family Affairs Administrator)
- Diane Kress (DDD District West Quality Manager)
- Joan McQuade (DDD Office of Individual & Family Affairs Manager)
- Morgan O'Hara (DDD IOC Liaison)
- Michelle Rademacher (DDD IOC Liaison)



District West IOC-Conference Call (2024-04-23 18:03 GMT-7) - Transcript

Attendees

+1 602-***-**25, +1 623-***-**37, Callie Walling, crystal Fox, Diane Kress, Diedra Freedman, Fredreaka Graham, Jakenna Lebsock, Joan McQuade, Lawrence Allen, Leah Gibbs, Michelle Rademacher, Michelle Rademacher's Presentation, Morgan O'Hara, Pam Dewey, Tara Cochran, Tara Cochran's Presentation, Tyson Gillespie, Mercy Care

Transcript

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

CALL TO ORDER

Diedra Freedman: It is 6:03 on April 23rd, 2024 This is a meeting of the Arizona Division of Developmental Disabilities District West Independent Oversight Committee.

Diedra Freedman: So I need to say that the session of the Independent Oversight Committee is now called order. I already told you it's 6:03 and it's April 23rd, 2024.

DISCLOSURES OF CONFLICTS OF INTEREST

Diedra Freedman: Do we have anybody that has to disclose a conflict of interest? If there is, the committee member needs to disclose why. Any committee members have a conflict of interest? I'm not hearing anybody. So I'd say no conflict of interest. If anyone had a conflict of interest, then they would have to abstain from the vote or discussion.

WELCOME AND INTRODUCTIONS

Diedra Freedman: So we usually do introductions. Before we do our call to the public. And Pam, just so that you know, I ask

Michelle Rademacher: Sorry De. You're on mute.

Diedra Freedman: Sorry about that. I don't know how I ended up gone. That was weird. first stop clicking

around



Diedra Freedman: Pam, I asked our members to introduce themselves and to explain the special qualifications because there are special categories that we need from our members to qualify. One of them, of course, is parent of a child with a developmental disability who's a DD member, but we also need legal experts, nursing experts, educators, psychologists, and medical professionals. I forget the other categories, but my name is Diedra Freedman. I am Chair until you guys decide that you want somebody else. Anytime, just let me know. By the way, we need to come up with a vice chair. So we'll vote next month on a vice chair. So somebody think about who would like to be the vice chair. If something happens to me, you can step in. I'm a retired attorney from New York and I am currently a professional compliance officer and I'm the mother of Andy who was with us for 19 years. And for seventeen of those years he was a DDD ALTCS Mercy Care member. So Brad, you were next you want to take it away?

+1 602-***-**25: Yes, my name is Brad Doyle. I am a parent of a 37 year old that's been involved in the Division of Developmental Disabilities in ALTCS since he was three and a half years of age. I've served on the City Phoenix Advisory Committee on Disabilities. I've served on the Governor's Council Advisory Committee on Disabilities. I've advocated down at the state capitol, testified down there. I've been doing this for quite some time. That's me.

Diedra Freedman: Okay, Pat. You were next.

+1 623-***-**37: I'm the mother of a 43 year old man who has Down syndrome and he had a stroke sometime in the first year so he got left him a good year, but he does pretty well. He can talk and walk and stuff. We have been involved in DDD probably since he was born, maybe a year after so.

Diedra Freedman: And Pat, What are your professional credentials to be with us?

+1 623-***-**37: I'm a physician's assistant.

Diedra Freedman: You're a retired physician's assistant.

+1 623-***-**37: Yeah, yes.

Diedra Freedman: You didn't lose your license. You just retired, right my friend.

00:05:00

+1 623-***-**37: I didn't renew my license. I just Yeah,...

Diedra Freedman: Right, so you just retired? so

+1 623-***-**37: I retired. I was ready to retire.

Diedra Freedman: Yeah, I just want to make sure your legacy is intact and there's no negative inference.

+1 623-*-**37:** Okay, I retired when I was 75 or just before I was 75.

Diedra Freedman: and Crystal



Crystal Fox: Hi, I am Crystal Fox and I am the mother of a heckling 22 year old in the back room. Maybe you can hear her in the background, Tia. So she's severely developmentally disabled with autism and epilepsy and had a brain tumor and all sorts of fun stuff like that. I'm also a psychiatric nurse. I retired from the Arizona State Hospital after 30 years. I do just psych. I'm a psychiatric nurse. And my passion is behavioral health. I also had a son that had schizophrenia and just passed away not too long ago. Was unable to ever access treatment in the system. So I kind of intertwined my DDD stuff with the seriously mentally ill as well. I think that that's probably about it.

Diedra Freedman: And you're the IOC representative on the Program Review Committee. You do all that work.

Crystal Fox: Yes, I do the PRC. Yes.

Diedra Freedman: Michelle you want to take it away and do introductions for the rest of the crew, please?

Michelle Rademacher: Sure thing. Larry, would you start us off pretty please?

Lawrence Allen: Of course. Larry Allen I'm with ADOA. I'm the state liaison for the IOC.

Michelle Rademacher: and Fredreaka

Fredreaka Graham: Hello, this is Fredreaka Graham with AHCCCS.

Michelle Rademacher: Tara

Michelle Rademacher: Sorry, you're on mute, Tara.

Tara Cochran: I'm Tara Cochran. I'm the Eligibility Policy Manager with AHCCCS. Thank you.

Michelle Rademacher: Thank you. Jakenna.

Jakenna Lebsock: Good evening, everybody. Jakenna Lebsock. I'm an assistant director for the Division of

Health Care Services at AHCCCS.

Michelle Rademacher: Thank you, Tyson.

Tyson Gillespie, Mercy Care: Tyson Gillespie. I'm the OIFA Administrator for Mercy Care Health Plans.

Michelle Rademacher: Leah

Leah Gibbs: Good evening everyone. I'm Leah Gibbs. I'm the OIFA Administrator and Bureau Chief with the Division of Developmental Disabilities.

Michelle Rademacher: Thank you, Diane.



Diane Kress: Yes, good evening. Diane Kress, District West manager for Quality Assurance.

Michelle Rademacher: Joan

Joan McQuade: Good evening. Joan McQuade, manager with DDD OIFA

Michelle Rademacher: Morgan

Morgan O'Hara: Hi Morgan O'Hara, DDD IOC liaison.

Michelle Rademacher: Callie

Callie Walling: Good evening, Callie Walling. I'm a family support specialist with the Autism Society of Greater Phoenix, and I have two kiddos that are DDD members.

Michelle Rademacher: Thank you. My name is Michelle Rademacher. I'm the DDD Independent Oversight Committee Liaison for District West. Did I miss anybody?

Diedra Freedman: You missed Pam. Since the call to the public is next.

Michelle Rademacher: Shoot.

Diedra Freedman: Since the call to the public is next. We'll just have her join a call to the public. And we'll have her introduce herself.

PUBLIC COMMENT

Diedra Freedman: This is the call to the public. This is a time for public comment. Hello. Am I still here?

Michelle Rademacher: you are

Diedra Freedman: Okay, For some reason I'm not seeing. Sorry about that. This is the time for the public to comment. Members of the committee may not discuss items that are not specifically identified on the agenda. Comments are limited to three minutes per person. So I want to introduce Pam to everybody. I attended the Arizona Autism Coalition "Day of Learning" in January. And I sat next to this wonderful mom and her daughter. And it turned out it was Pam and her daughter and for some reason Pam actually took interest in my ask and has decided to join us on the DDD District West IOC.

00:10:00

Diedra Freedman: I was bulled over by Pam's qualifications. I think she fits in wonderfully with our group and she's going to be a great addition. I think we're going to benefit greatly from her expertise besides the fact that She is a very pleasant and engaging individual. So I think she'll fit in with our culture. Pam, Please introduce yourself.



Pam Dewey: Hi everybody. It's nice to meet you all. I'm Pam Dewey. I am a retired registered nurse. I was at Dignity Health Saint Joe's for 37 years, most of that time in the neurosciences in Barrow. So working in neural Rehabilitation with adults and Pediatrics back at that point in time. The most recent 15 years that I was there was in clinical research, but I have extensive experience also while I was at Joe's in case management and quality assurance. I retired three years ago and two years ago Honor Health talked me into working for them part time. So I'm just doing some PRN work for them right now reviewing legal contracts for clinical research studies. I have a grandson who is five years old who is a DDD member and for about the last year and a half and I'm a respite provider for him. So my daughter just recently became a parent provider. And so that's why we were at the meetings in January where De I met and it sounded like an interesting opportunity. Hopefully I can offer something but I'm also here really to learn a lot too. So it's nice to meet everybody.

AHCCCS Presentation on Paid Parent Provider Program

Diedra Freedman: I think we're ready for our first presentation.

Diedra Freedman: This presentation was requested by Cynthia McCluskey. Who unfortunately is at a conference in Vegas and is unable to join us, but she's going to listen to the recording and she'll look at the slide deck, if it's available for review. I just want everybody to know. I think this is the same presentation that Jakenna and crew did for the DDD town hall meeting a few weeks ago. but I think that it's very important, as we all know the paid parent provider program brings up a lot of issues and especially for children under the age of 18. There's a lot of serious policy concerns. There are also unfortunately fraud concerns and quality of care concerns. My biggest concern is that being a paid caregiver changes the relationship between parent and child unless we're very careful and we're educated and we follow the AHCCCS policies and the DDD policies. So ladies take it away.

Jakenna Lebsock: So I'm gonna hop in for one second. I think the request was for us to speak to some of the IRS implications of delivering care and how that plays into eligibility and income. And so I don't think it was a full overview of the parents' paid caregiver program, which we're happy to come and do but I just want to level set that I think the request we got is different than what was just described. so

Diedra Freedman: Jakenna, we'll take whatever you've got because the person who requested it isn't here, so.

Jakenna Lebsock: Okay, so at that point, Tara, I think this is the question that came to you. If there are questions about parents as paid caregivers, I'm happy to answer them. But if you would like a detailed presentation of that service model, I'm happy to come back also and offer you the full presentation of what's included.

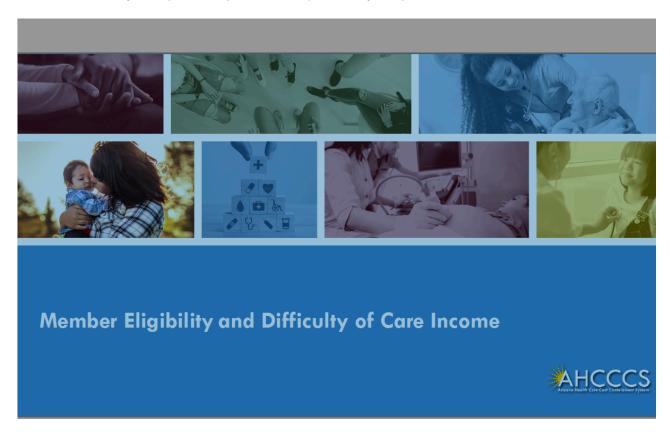
00:15:00

Tara Cochran: Yeah, the request that I got was to present on some member eligibility and the Difficulty of Care payments. So that's what I have today.



Diedra Freedman: Tara that works for us.

Tara Cochran: Okay. All right, so I'll go ahead and present my thing.



Tara Cochran: All right. Can you see my screen? Okay.

Jakenna Lebsock: yes.

Michelle Rademacher: Yes. Thank you.

Tara Cochran: Was great. So I want to talk about member eligibility and Difficulty of Care income. and starting with of course the Arizona long-term care system. A lot of you have mentioned that you have family members that have been receiving services from Arizona long term care system. One the conditions of Eligibility are social security number, US citizen or qualified non-citizen status. They need to meet the medical need for long-term care like a nursing home level of care requiring assistance with activities of daily living such as bathing and dressing.



Arizona Long Term Care System

- Conditions of Eligibility:
 - Interview
 - o Social Security Number
 - o U.S. citizen or qualified noncitizen status
 - Medical need for long term care ("Nursing Home Level of Care" requiring assistance with activities of daily living such as bathing and dressing)
 - o Countable resources under \$2,000
 - Countable income at or below 300% of the FBR (100% of the FBR when only eligible for limited ALTCS benefits)
 - o Pay a Share of Cost if required



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Tara Cochran: You don't have to actually be in a nursing home. Accountable resources need to be under \$2,000. Accountable income needs to be at or below 300% of the FBR. That means Federal benefit rate and 100% of the FDR when the person is in a place where long-term care services cannot be provided for, they're not contracted.

Diedra Freedman: Tara, can I just ask you to clarify for us? The FBR is different than the federal poverty level and am I correct that you can find the FBR information on the AHCCCS website, right?

Tara Cochran: That's correct. I believe I have it here the next slide. Somewhere maybe.

Diedra Freedman: And just like the federal poverty level level it changes annually. Correct?



ALTCS – Community Spouse

Resources:

A portion of the couple's resources can be set aside for the needs of the community spouse and not counted in the resource test. This amount is called the Community Spouse Resource Deduction (CSRD).

Income:

Income may be counted in one of two ways:

- 1. The countable income of both spouses is added together, divided by two, then compared to the \$2,829 monthly income limit.
- 2. If one half of the customer's combined income exceeds the income limit, only the applicant's income is compared to the income limit.

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Tara Cochran: Correct, it changes in January of every year. So right now that Federal benefit rate is 2,829 dollars for our monthly income limit. We also have specific rules for Community spouse. So when a married couple, one of them needs the long-term care services and the other one is living in the community. A portion of the couple's resources can be set aside for that spouse that's living in the community. So that person can meet their expenses of rent and utilities and food and all those things. Income can be counted one of two ways when you're married, it can be totaled and then divided by two and then compared to that limit of 2829. 2,829 dollars a month or we can look at just name on check income. So if The customer receives 2,829 dollars or less and the spouse receives more than that, that customer can still qualify for ALTCS.

Diedra Freedman: Just so everybody knows that's more generous than other states. Most states just split it in half.

Tara Cochran: Yeah, okay, and then just a recap I did discuss 300% of the federal benefit rate which right now is 2,829 and the resource limit is \$2,000. Aor ALTCS enrollment if the customer has a developmental disability then the customers enrolled with the Department of Economic Security Division of Developmental Disabilities regardless of where they live. If the customer lives within of a tribal Nation or lived within the bounds of a tribal Nation before entering an off reservation Nursing Facility then the tribe that serves that tribal land is the customers enrolled with them or



Arizona Long Term Care System

Full ALTCS Service Package – 300% of the Federal Benefit Rate

Individual	Income Limit
1	\$2,829.00

Limited ALTCS Service Package – 100% of the Federal Benefit Rate

Individual	Income Limit
1	\$943.00

Resource Limit

Individual	Resource Limit
1	\$2,000.00

AHCCCS

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Chat Message: Jakenna Lebsock: FBR Information on the AHCCCS website:

https://www.google.com/url?client=internal-element-cse&cx=016416319741515762556:nfpz2wqmsus&q=https://www.azahcccs.gov/Members/Downloads/EligibilityStandardsDeskAid.rtf&sa=U&ved=2ahUKEwjrm5GF2NmFAxV2nokEHXtVB4wQFnoECAkQAQ&usg=AOvVaw0WKaJyc0A0zSV8_DA8I5IX

00:20:00

Tara Cochran: and the customer does not have to be a member of the Contracting tribe. For example, a Hopi customer living on a Navajo tribal land is enrolled with the Navajo Nation. There is an exception, customers who live on tribal land, but do not have any tribal membership are enrolled with an elderly and physically disabled program contractor, EPD is what we call them. Yes.

Diedra Freedman: Hey Tara, this is important for us in District West because we have Tribal land and within District West. So that's why it's important to us and you'll have to excuse my ignorance, but I don't remember the name of the tribe that has tribal land, but It's to the south of us, where their casino is. Is that Gila River? Who is it?



+1 623-***-**37: Yeah, that's the Gila River tribe.

Tara Cochran: Okay. Thank you. If the customer does not live within the bounds of the tribal Nation, then an EPD program contractor is who the customer is enrolled with.

Diedra Freedman: Or if they're a DDD member, right?

Tara Cochran: Right and that's regardless of where they live. That was the first one.

ALTCS Enrollment

If the customer	Then the customer is enrolled with
Has a developmental disability	The Department of Economic Security/Division of Developmental Disabilities, regardless of where they live
Lives within the bounds of a tribal nation or lived within the bounds of a tribal nation before entering an off-reservation nursing facility	The tribe that serves the tribal land. The customer does not have to be a member of the contracting tribe. For example, a Hopi customer living on the Navajo tribal land is enrolled with the Navajo Nation. Exception: Customers who live on tribal lands, but do not have any tribal membership are enrolled with an Elderly or Physically Disabled (EPD) program contractor.
Does not live within the bounds of a tribal nation	An Elderly or Physical Disability (EPD) program contractor based on the customer's county of fiscal responsibility.

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Tara Cochran: And Difficulty of Care Income, also known as Difficulty of Care payment. When a member is receiving ALTCS Services, sometimes another person who is living with the ALTCS customer is providing those Services through employment from a Health Care Agency working with the ALTCS program contractor.



Difficulty of Care Income

When a member is receiving ALTCS services, sometimes another person who is living with the ALTCS customer is providing those services through employment from a healthcare agency working with the ALTCS program contractor.

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Tara Cochran: Difficulty of Care payments, the reason why those are different, Is we treat them differently for eligibility. So these payments are not countable as income for AHCCCS Medical Assistance programs that use modified adjusted gross income; programs like adult, caretaker relative, pregnant woman, youth adult, transitional insurance. A person who's providing those services and receiving those Difficulty of Care payment, they can still be eligible for those programs because we're not counting those Difficulty of Care payment. So that helps with making sure that there aren't barriers to health care for those caregivers when it comes to Medicaid.

Diedra Freedman: Does it also work for KidsCare?

Tara Cochran: KidsCare goes up to the age of 19. So if the person is over 18, and that meets the age requirements for the Hiring Agency, then they could be on KidsCare.

Diedra Freedman: I'm asking for parents who qualify for benefits because they have kids on KidsCare.

Tara Cochran: so Yes, that's a MAGI program. KidsCare is the MAGI program.

Diedra Freedman: Okay.

Tara Cochran: Good question. Thank you for clarifying that.



Difficulty of Care Income

What is Different About DOC Payments??

We treat D C Payments differently. These payments are not countable as income for A CCCS Medical Assistance Programs that use Modified Ad usted Gross Income MAGI to determine income eligibility.

MAGI Programs include:

Adult; Caretaker Relative; Pregnant Woman; Youth

Adult Transitional Insurance

AHCCCS

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Tara Cochran: All of the following must be met for wages to be considered Difficulty of Care payments. The wages are for personal care, habilitation services or attendant care. The services. Yeah. Okay.

Diedra Freedman: Can I stop you again? I'm sorry to keep stopping you, but I want to make sure that everybody understands the Arizona program. It is rare that a state would include habilitation services in Difficulty of Care income. Most states do not include habilitation services. So again, we have more generous benefits than most states in the nation.

Tara Cochran: Thank you Deidre. The services are being covered by ALTCS. So they got to be covered services and ALTCS customer lives with the person being paid to provide those services. So a person could be working for a home health agency and they could be providing services to someone who lives with them and then someone who does not live with them. Only the wages that are being paid for the person that lives with them can be considered Difficulty of Care income.

Chat Message: Jakenna Lebsock: Hab and Attendant Care are the services covered under the Parents as Paid Caregivers service delivery model.



General Conditions of Eligibility-MAGI

- · Conditions of eligibility:
 - Valid application
 - Resident of Arizona
 - Social Security Number
 - U.S. citizen or qualified noncitizen status
 - Apply for potential benefits
 - o Assignment of rights to medical benefits and cooperation

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Caretaker Relative

- Conditions of eligibility:
 - Lives with and is responsible for the care of a child meeting one of the following conditions:
 - Under age 18
 - Age 18, still in high school and expected to graduate before turning 19
 - o Income at or below 106% of the FPL

AHCCCS



00:25:00

Tara Cochran: So as I said Difficulty of Care income doesn't count for MAGI eligibility. So some general conditions of eligibility for MAGI are valid application, resident of Arizona, social security number, US citizen or qualified non-citizen status, apply for potential benefits. You may have some changes coming up there and then assignment of rights to medical benefits and cooperation.

Tara Cochran: Caretaker relative is one of our MAGI programs that a person who is receiving Difficulty of Care income would have that income not count towards eligibility. The conditions of eligibility for a caretaker relative: lives with and is responsible for the care of a child meeting one of the following conditions: under age 18 or age 18 still in high school and expected to graduate before turning 19.

Tara Cochran: And the income needs to be at or below 106% of the FPL.

Tara Cochran: which is 1,331 for a household size of one. So there has to be at least two. So 1,806. With 476 per each additional person in the household.

Caretaker Relative

106% of the Federal Poverty Level (FPL)

Household Size	Income Limit
1	\$1,331.00
2	\$1,806.00

^{*} Add \$476 per each additional person in household

AHCCCS Arizona Health Case Cast Contributed System

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Tara Cochran: We also have transitional medical assistant that can be received for up to 12 months. And the eligibility had to have begun with the caretaker relative program. To qualify for the first six months, at least one member of the household was eligible for and received AHCCCS as a caretaker relative in three of the last six months and the caretaker relative's household isn't eligible for AHCCCS because of an increase in earned income. To qualify for the second six months, the customer who's earned income causing eligibility continues to work and the household has income below 185 percent of the FPL. That's the federal poverty limit.



Transitional Medical Assistance

Transitional Medical Assistance (TMA) can be received for up to 12 months

- To qualify for the first six months:
 - At least one member of the household was eligible for and received AHCCCS as a Caretaker Relative in three of the last six months; and
 - The Caretaker Relative's household is ineligible for AHCCCS because of an increase in earned income.
- To qualify for the second six months:
 - The customer whose earned income caused ineligibility continues to work; and
 - The household has income at or below 185% of the FPL.



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Continued Coverage

Continued Coverage can be received for up to four months

- To qualify both of the following conditions must be met:
 - At least one member of the household was eligible for and received
 AHCCCS as a Caretaker Relative in three of the last six months; and
 - The Caretaker Relative's household is ineligible for AHCCCS because of an increase in spousal support (alimony) payments.



Tara Cochran: We also have continued coverage that extends from that. And to qualify for that, up to four months at least one member of the household was eligible for and received AHCCCS as a caretaker relative in the last three and three of the last six months and the caretaker relative household is ineligible for AHCCCS because of an increase in spousal support or alimony payment. That's the Continued Care coverage.

Tara Cochran: Then another MAGI category, a person who is receiving Difficulty of Care payments might be eligible for or receiving health care in the adult category age 19 through 64 not qualifying for Medicare and children for whom the individual is a primary caretaker must have a minimum essential insurance coverage and income must be below 133% of FPL.

Adult Category

- Conditions of eligibility:
 - Age 19 through 64
 - Does not qualify for Medicare
 - Children for whom the individual is the primary caretaker must have minimum essential insurance coverage
 - Income at or below 133% of the FPL

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Tara Cochran: And the FPL again for adult category, which is a hundred and thirty three percent. Is 2,266 for two people; with 597 for each additional person. And pregnant woman is also a MAGI program where that Difficulty of Care income doesn't count for a MAGI eligibility. Conditions of eligibility, pregnant with income at or below 156% of the FPL, which is 2,658 for two people.



Adult Category

133% of the Federal Poverty Level

Household Size	Income Limit
1	\$1,670.00
2	\$2,266.00

^{*} Add \$597 per each additional person in household

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Pregnant Woman

- · Conditions of eligibility:
 - o Pregnant
 - Income at or below 156% of the FPL



Pregnant Woman

156% of the Federal Poverty Level (FPL)

Number of People in Household	Income Limit
1	\$1,958.00
2	\$2,658.00

^{*}For each additional person add \$700. The household includes each expected child.

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Diedra Freedman: Hey Tara, do you know off the top of your head the percentage of pregnant women in Arizona who are AHCCCS members?

Tara Cochran: I don't know that sorry.

Diedra Freedman: But we do know that at least 50% of children in Arizona are AHCCCS members, correct? Jakenna's shaking her head yes.

Jakenna Lebsock: Yeah, and we cover about, I think the last thing I saw is about 53% of all births in Arizona are births to individuals enrolled in Medicaid.

00:30:00

Diedra Freedman: So I just want to make sure that the committee members understand how important AHCCCS is. And how expansive AHCCCS is. That's the only reason I keep interrupting you, Tara and I apologize for interrupting you but we have, Fredreaka will tell you that when you come to the District West IOC. Yes, we asked hard questions. But when you do good things, we make sure we point that out and we give credit where credit's due so. We appreciate it.

Chat Message: Jakenna Lebsock: You're great De - appreciate your insights and your support!

Tara Cochran: Thank you very much.



Child

- Conditions of eligibility:
 - o Under age 19
 - Income at or below the limits by age group:
 - Under age 1, income at or below 147% of the FPL
 - Age 1 5, income at or below 141% of the FPL
 - Age 6 18, income at or below 133% of the FPL

AHCCCS

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Tara Cochran: And as De was pointing out, the child program, If the parents are receiving Difficulty of Care payments and those DOC payments are not going to affect the household income eligibility for a child either. That's another MAGI program. The conditions of Eligibility are, under age 19 and the income limits are based on age too. So under age 1, income at or below 147 of the FPL; age one to five income at or below 141% of the FPL and 6 to 18 at or below 133% of the FPL. So

Diedra Freedman: These are the siblings of our DDD ALTCS members that we're worried about here. right?

Tara Cochran: Yes.

Tara Cochran: And then the numbers here goes up to a household of two. Which usually, especially for the cases that we were just discussing with an ALTCS member in the household, we're probably going to probably be three or more; and for each additional person you would just add about \$600, depending on age.



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

Tuesday April 22 2024 - 6:00 PM to 8:00 PM

Child

Child under Age 1 – 147% of the Federal Poverty Level

Number of People in Household	Income Limit
1	\$1,845.00
2	\$2,504.00

*For each additional person add \$660

Child Age 1-5 Years – 141% of the Federal Poverty Level

Number of People in Household	Income Limit
1	\$1,770.00
2	\$2,402.00

*For each additional person add \$633

Child Age 6-18 years – 133% of the Federal Poverty Level

Number of People in Household	Income Limit
1	\$1,670.00
2	\$2,266.00

*For each additional person add \$597



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KidsCare

- Conditions of Eligibility:
 - o Under age 19
 - o Social Security Number
 - o U.S. citizen or qualified noncitizen status
 - Not in an institution for mental disease (IMD)
 - o Does not qualify for Medicaid
 - Cooperation with Medicaid requirements
 - o No health insurance coverage for the last three months
 - o Not eligible for the State employee health benefits plan
 - o Income at or below 225% of the Federal Poverty Level; and
 - Payment of a premium (American Indian and Alaska Native customers may be exempt)



Tara Cochran: And then we have KidsCare, that which we also discussed.



Tara Cochran: Conditions of eligibility, you need to be under age 19, social security number, US citizen or qualified non-citizen status, not in an institution for mental disease, does not qualify for Medicaid and any other category, cooperation with Medicaid requirements, no health insurance coverage for the last three months, not eligible for state employee health benefits plan, income at or below \$225% of the federal poverty level and payment of a premium. American Indian and Alaska native customers may be exempt. And another important thing that just recently that came up with eligibility for children and KidsCare is that they get continuous coverage now for 12 months. So once they're established, their eligibility is established, they're going to get 12 months and then they'll have a renewal to see if they can continue to be eligible at that point.

Diedra Freedman: I think it's very interesting that the parent can work at Walmart, the kid be eligible for insurance, but mom or dad can still apply for KidsCare for the kid. But Mom or Dad can't be employed by the State of Arizona, have the child eligible for State employee health benefits, then the kid is not eligible for KidsCare. I don't think most people know that that's interesting.

Tara Cochran: Yeah. Right, and this is KidsCare it goes up to 225% of the FPL though. And then for each additional person would add 1,009.

KidsCare

225% of the Federal Poverty Level

Number of People in Household	Income Limit
1	\$2,824.00
2	\$3,833.00

^{*}For each additional person add \$1,009

AHCCCS



Tara Cochran: We also have Hospital Presumptive Eligibility. The hospital can apply for you. And you might scrape potentially eligible for one of the following programs. There's some conditions and everything there that they have to look at and then they can submit it to AHCCCS and get that eligibility started from the day that they went into the hospital that way.

00:35:00

Diedra Freedman: Does that include emergency room visits or only admissions?

Tara Cochran: That's a good question. I don't have that information right off hand. I'm sure I knew it at some point and I just don't know that answer right now.

Diedra Freedman: The only reason that I ask is because I know in other states, especially New York, the hospitals actually employ Individuals whose job it is to help people apply for Medicaid.

Tara Cochran: Yeah.

Hospital Presumptive Eligibility (HPE)

- Conditions of Eligibility:
 - Screens potentially eligible for one of the following programs:
 - Adult
 - Caretaker Relative
 - Child
 - Pregnant Woman
 - Young Adult Transitional Insurance (YATI) out of oster care
 - U.S. Citizen or qualified noncitizen status

Income at or below the limit for one the categories listed

Diedra Freedman: So when you go to the emergency room, and you don't present with Primary commercial insurance or already a Medicaid member, they sign you right up then in there in the emergency room. So It's a benefit to New York hospitals. I just didn't know if we extended the same thing here.



Tara Cochran: It could be, that's a good question. I just want to check on that before I gave the answer to that. Can I look that up and get back to you? Okay.

Diedra Freedman: Yeah. Yeah. No, it's just important information that those of us who are asked questions by families, we can share with them.

Tara Cochran: Yes.

Diedra Freedman: So I'm preaching to the choir, there are a lot of individuals in the Immigrant community who for whatever reason do not apply because they don't trust the system. And then their children end up in the emergency room needing care and they could be applying for benefits for those kids. I never want that to be a reason that somebody doesn't seek needed Health Care.

Tara Cochran: Yeah. So I'll look that up and I'll get that back to you. It could be I mean,...

Diedra Freedman: Thank you.

Tara Cochran: It sounds familiar, but I can't answer it at this time.

Enrollment with AHCCCS Complete Care

- AHCCCS Complete Care (ACC) joins physical and behavioral health services together under a health plan.
 - o Members have:
 - A choice of health plans in their geographic service area.
 - Access to the same array of covered services
 - A network of providers
 - Regional Behavioral Health Authorities (RBHAs) provide:
 - Specific crisis services
 - Services for Serious Mental Illness





Tara Cochran: When a customer is approved for MAGI, they would be enrolled with AHCCCS Complete Care which joins physical and behavioral health care services together under a Health Plan. Members have a choice of health plans and their Geographic service area. And access to the same array of covered services and a network of providers, works just like health insurance that we're used to.Regional Behavioral Health Authority provides specific crisis services and services for serious mental illness, children foster care and members served by the Department of Economic service economics security.

Diedra Freedman: so Basically, they get everything except what we refer to as Home and Community Based Services that come with ALTCS.

Tara Cochran: Yes.

Diedra Freedman: And in Reverse DDD ALTCS members get everything that Arizona Complete Care members get, Plus they get the Home and community-based Services. right?

Tara Cochran: That's exactly how it's written in our policy manual. They list all the services and for ALTCS they say you get all of the services that you get with the AHCCCS full Services plus the long-term care services. So yeah, you're exactly right.

Enrollment choice for American Indian members

 American Indian members have the choice of enrolling in an ACC managed care plan or the American Indian Health Program (AIHP) and a Tribal RBHA when available. American Indian members will have the same access to Indian Health Services providers, Tribal 638 providers, and Urban Indian Health providers.



Tara Cochran: Then we have enrollment choice for American Indian members. American Indian members have a choice of enrolling in an ACC managed care plan or the American Indian Health program and a tribal RBHA when available. American Indian members will have the same access to Indian Health Service Services providers, tribal 638 providers and Urban Indian Health Providers. so We can get services within that their own tribal area.

Health-e-Arizona Plus (HEAplus)

 A system to apply for AHCCCS Medical Assistance, Help with Medicare Costs, Nutrition Assistance, and Cash Assistance benefits and to connect to the Federal Insurance Marketplace. https://www.healthearizonaplus.gov/





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Tara Cochran: And we do have our eligibility system that we use is called a Health-e- Arizona Plus. It's a system to apply for AHCCCS Medical Assistant, help with Medicare costs, nutritional assistance and cash assistance benefits all in one place. You can also connect to the federal health insurance Marketplace.



Create an account in HEAplus

- Families, individuals, and community assistors can create an account in HEAplus to:
 - Apply for benefits for themselves and household members, or assist others with an application
 - o Upload documents and print forms needed to determine eligibility
 - View letters and messages
 - Check benefits
 - Renew benefits and report changes
 - o Request an appeal for an eligibility determination
 - Use the same account for future applications

AHCCCS

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Community Assistors

- AHCCCS partners with members of the community to assist customers with the application process
- Use HEAplus to find an assistor in your area



COMMUNITY ASSISTOR

Trained Community Partners that Help Individuals and Families Connect to Coverage, Benefits and Services.

AHCCCS



00:40:00

Tara Cochran: We have new things coming up all the time to improve that system. One of the things that we're going to have in the fall are some additional questions to make sure that we collect all of the Difficulty of Care information for the customers. So once wages are reported or found electronically, then We can ask them the additional questions about ALTCS services and things like that. And that's coming in the fall this year. You can create an account in HEAplus to apply for benefits for yourself, household members or assist others with an application, Upload documents, print forms needed to determine eligibility, view letters and messages, check benefits, renew benefits and report changes, request an appeal for an eligibility determination and use that same account for future applications. So and we're expanding that and we're going to have registrations for ALTCS pretty soon we hope. We're working on that. HEAplus gets information from. Did someone say something?

HEAplus gets information from other data systems

HEAplus speeds up the eligibility process with the hubs, sometimes allowing for eligibility determinations to be made at the same time the application is submitted.

- Federal and State data services hubs provide needed eligibility information without the customer needing to provide proof. Hubs include:
 - Social Security Administration
 - Arizona Vital Statistics
 - Department of Motor Vehicles
 - The Work Number
 - Unemployment

AHCCCS

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Tara Cochran: HEAplus gets the information from other Data Systems though federal and state data services hubs provide needed information for eligibility so that the customer doesn't have to provide all that proof. Like, we get information from the Social Security Administration, Arizona Vital Statistics Department of Motor Vehicles, the work number and unemployment. and by doing that we might get information about wages. So we might be able to see that someone's getting wages, but it doesn't tell us that it's Difficulty of Care income. So right now we just need to make sure that our customers are letting us know that it is Difficulty of Care income and in the fall, we'll have some additional questions and things that they'll be able to answer in the system so that we can identify that as well.



Tara Cochran: Right, and then I. go ahead.

Diedra Freedman: I know Cynthia had a question. And we're wondering if you have any plans in the works to put together some materials with DDD to explain Difficulty of Care for DDD members and their families and also whether that would also include other Federal programs through DES that they may be, Difficulty of Care may or may not be counted toward eligibility for those programs.

Diedra Freedman: We're just wondering if any of that is in the works.

Tara Cochran: So no, I'm not aware of anything. I don't have any information on that.

Jakenna Lebsock: I don't know that we have it but share that with our OIFA administrator. She does a lot of one-pagers and I think it's a really good topic. So yeah, anticipate Susan may reach out to you, but I think it's a great suggestion and we'll make sure that we follow up on that.

Diedra Freedman: It'll have to be in cooperation with DES.

Jakenna Lebsock: agree

Diedra Freedman: Because even though you're not counting Difficulty of Care income toward AHCCCS eligibility. They are for SNAP. Because they don't have a choice because the Feds set the rules so you have to follow the federal rules. So it is used. Members and families need to know what they qualify for and what they don't qualify for. And if it can be in one place, that would be wonderful. I'm sure next month when Cynthia Macluskie joins us, I'm sure she'll probably have a motion for this committee to vote on with the recommendation to DDD, will include AHCCCS even though by Statute AHCCCS doesn't have to listen to our Council but we'll include you anyway asking and DES asking that you consider some joint materials in plain English and not that I'm looking for any more work for Leah because her desk is already stacked really high where Susan

00:45:00

Diedra Freedman: But I have this gut feeling this committee is going to think that it's valuable and we'll make the recommendation.

Tara Cochran: Thank you Deidre. And I wanted to leave you with some AHCCCS contact information. If you have any questions about general questions, the best way to get a hold of us is this email address DMS-PolicyClarificationRequest@azahcccs.gov And we have a really good turnaround rate for that. But you do have any questions.



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

Tuesday April 23 2024 - 6:00 PM to 8:00 PM

Reference Material

Eligibility Policy Manual (EPM)

https://azahcccs.gov/resources/guidesmanualspolicies/eligibilitypolicy/eligibilitypolicymanual/ind

The AHCCCS Medical Policy Manual (AMPM)

https://www.azahcccs.gov/shared/MedicalPolicyManual/

Arizona Revised Statutes, Title 36 - Public Health and Safety http://www.azleg.gov/arsDetail/?title=36

Code of Federal Regulations

https://www.ecfr.gov/cgi-bin/ECFR?page=browse

AHCCCS Website

https://www.azahcccs.gov

AHCCCS

AHCCCS Contact Information

Policy Clarification Requests

Office of Eligibility Policy Division of Member and Provider Services 801 E Jefferson St MD 2600 Phoenix AZ 85034 DMS-PolicyClarificationRequest@azahcccs.gov

Customer Support Center: 1-855-HEA-plus (1-855-432-7587)

AHCCCS



Diedra Freedman: Tara, Do we have any Navigators that AHCCCS recognizes that help them get through the AHCCCS eligibility process? I'm thinking the KI Ho Foundation or Raising Special Kids. Is anybody been designated?

Tara Cochran: Not that I have any information on. The only thing I know, we do have Community assisters out there in the community that will assist members with an application through Health-e- Arizona Plus and you can find those Community assisters within your area by accessing Health-e-Arizona Plus and requesting that information. There's a directory in the system.

Diedra Freedman: Is there any way you can add that to your slide deck?

Tara Cochran: Yes.

Diedra Freedman: Thank you. Because we're going to ask that your slide deck be part of the minutes for our meeting. And then we can refer people back to it so that they get all this great information.

Tara Cochran: Okay.

Diedra Freedman: There's a method to our madness. Does anybody have any questions for Tara or Jakenna?

Tara Cochran: Allright De, thank you so much for all your help and I appreciate all the clarifications and that you stopped and clarified throughout the presentation that really added a lot to the presentation I think.

Diedra Freedman: You did an amazing job.

Tara Cochran: Thank you very much.

Diedra Freedman: Thank you. We really appreciate our partnership with AHCCCS. Frederica is a wonderful partner. We appreciate having her at our meeting every month. And we appreciate you guys willing to step up to the plate immediately when we ask. Thank you so much, and we will be sharing your presentation far and wide. So we just appreciate our friends at AHCCCS. Thank you.

<u>Presentation on the New DDD Incident Reporting Form</u>

Diedra Freedman: So I guess we're not discussing the paid parent provider program. We'll table that 'till next month. So now we have a presentation on the new DDD incident reporting form. Are we ready?

Diane Kress: I hope so. I know it can get a little wonky when we went from what, four pages to 11 pages for the incident report. But again, I think we're finding it very useful as we are reviewing incidents completely in its entirety.



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

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Diedra Freedman: Alright then can I just put on the record? We specifically requested that Diane do this presentation because we have a great relationship with Diane. She comes to our meetings every month. So she knows the way that our meetings run and she's been a very helpful resource. So we didn't want anybody else, we wanted Diane. So I just want to put that on the record, it's not that we want to grill you Diane, it's because you do such an awesome job for us and we appreciate it.

Diane Kress: Thank you very much De. I really appreciate that and the support. So again, I thank you, Michelle for helping and running this because I certainly tried to do this on my own and it wasn't really working. So real quick again. This is incident reporting. This also is on the provider website as well. So in case this is something that gets missed, you're more than happy to also get that off of the provider website as well. Again, the objective is to educate our vendors on the incident reporting process and requirements. To correct any missing interpretation and ensure vendors are clear on the new reporting form.

00:50:00

Diane Kress: Also to explain questions being followed up for the HB 2865 and how they are identified on the incident reporting form. And then of course to share best practices on incident reporting to reduce the number of resubmissions required by vendors. next. Yes.

Diedra Freedman: Hey, can we just remind our committee members that before, was it 2023, there was not. a universal incident reporting form used by all DDD QVA vendors

Diane Kress: You are correct. We've yes.



Diedra Freedman: Imagine the nightmare when you're the quality people and you have to do everything by hand because no one uses the same form.

Objectives

- To educate vendors on the incident reporting process and requirements.
- To correct any misinterpretation and ensure vendors are clear on the new reporting form.
- To explain the questions being followed up on for HB2865 and how they are identified on the incident reporting form.
- To share best practices on incident reporting to reduce the number of resubmissions required by vendors.



Incident Reporting Form

- All incident must be reported using:
 - ► DDD 0191A FORFF (10-23) or
 - An agency form that exactly mirrors the 0191A form.
- ► The Division will not accept any other forms/formats.
- All reports should be completed electronically. No handwritten reports will be accepted.
- Electronic signatures are not required; the Division will accept other signature formats or a typed/printed name of the person completing and reviewing the form.
- Due to limitations of the PDF specification, the Division was not able to increase the character limits within the description boxes. As a solution, you can document the description in a Word Document and attach it when submitting the Incident Report form. Please be sure to indicate in the text boxes within the Incident Report form you are including the descriptions as an attachment.





Diane Kress: You are correct Diane. Thank you for reminding us of that and again across the board, there were quite a few variations of the incident reporting form. And so trying to read and gather the information properly, it did take some time. But again, we're excited that we had this new form. Yes, and then I believe we'll also share this form with you, because again 11 pages, It does seem to be quite a lot. So we did roll out that the new form. It is the DDD is dated in parentheses 10/23. Agencies were asked if they use, they can mirror but it has to be exact to our form. We will not accept any other forms or formats. All reports should be completed electronically, no hand written reports will be accepted. And then of course part of the issue that we've had and ran into is electronic signatures we're not required. That would require you or the agency to print that form in its entirety, Sign it and then scan it back. So again, we do not need to have it handwritten signature. The other piece that we know is that the form, when you filling out the incident report again, we're only given so many characters. So if you go beyond that description box, as a solution, you can add a separate document and submit that as well with the incident report and then just make a comment in there that please see the attached description, the attachment, so that we can add that to the incident description.

Diedra Freedman: And Diane we're hoping when DDD moves this over to the AHCCCS database that problem is going to disappear, but we don't have a date certain for that move yet. Correct?

Diane Kress: Yes. Correct, but we don't have a date certain for that move yet, correct. We have not heard anything as of yet. We've been talking about this probably for the last couple of years. So we're still waiting because again, I believe with the portal, there's still certain pieces that are not matching with what we need necessarily.

Filling out the Incident Reporting Fo

- General Incident Information
 - Page 1, the top section of page 2, Page 9, Page 10, and Page 11 of the 0191A must be completed for every incident.
- Incident Type Medication Error
 - The bottom of page 2, page 3, and the top of page 4 of the 0191A must be completed for all medication errors.
- Incident Type Death
 - The bottom of page 4, page 5, and page 6 of the 0191A must be completed for all member death incidents.
- Incident Type Other
 - Page 7, and page 8 of the 0191A must be completed for all other incidents.

Qualified Vendors or Providers only need to complete the applicable section for the reportable incident. For example, if the reportable incident is an injury, the Incident Type - Medication Error and Incident Type - Death, do not need to be completed; just Incident Type - Other.



Diedra Freedman: So it's very difficult for our quality staff to actually pull metadata and to analyze these incident reports as a group. It's all done by hand right now because it's in PDF form. Is that Correct, Diane?

Diane Kress: I believe so.

Diedra Freedman: So it really limits your tracking and trending abilities is the point I'm trying to make.

Diane Kress: Yes. Yes. That is correct. Because again, The form itself, there's 11 pages and each part of it is broken out specifically based on the allegation or again if it's a medication error or if it's specific to a death and then the last part is just other so it does break it down in parts a lot of that information of the boxes that are created on the form is part of what the portal we would enter into the portal directly.

Diedra Freedman: So DDD's in the 20th century, but you haven't come up to the 21st century yet, right?

Diane Kress: Not yet. We're getting there. So next.

Diane Kress: Again, filling out the form as I mentioned. It is 11 pages; the first page and a half is basically standard for any type of incidence. So part of the incident itself, whether it's a medication error, death or other, again, you would only need to fill up those specific portions of that incident report. Excuse me?

00:55:00

Diedra Freedman: In these aren't autofilling, right? There's no way to autofill.

Diane Kress: No. It's not. So again, we do understand that, agencies with multiple members, it is very difficult to fill out the form. We did try to make it easier so that again each box is either marked or required so it does run pretty smoothly. But again, you're only filling out the sections that either pertain to medication error or death or other. So if nothing applies to those other categories then just again, the first page and part of page two is what you want to be completed and then you skip to either the medication error section, the death section or the other. So qualified vendors, our providers, only need it, again, like I said, just complete the apical sections for reportable incidents. Next slide and so I think one of the common mistakes that we've known of is the date of the incident, sometimes the date of the incident is sometimes what's being reported as the date.

Diane Kress: So again if it happened on Saturday, but you made a phone call. It might have happened Thursday of that prior day. So again, it's very important to put the correct incident date, not the date that it's being reported. The time of the day, it's best estimate. So again, because we do get multiple reports. It helps us to chronologically put them in the correct order. On page one, does the PCSP identify the need for enhanced ratio? Again. It's very important for us. We do pull up the PCSP plans. Some of them are documented if they are two to one or if they do have an enhanced ratio again, it's specifically marked on there. So it's very very helpful for us to have that information in there.

Diedra Freedman: Diane the PCSPs that you were getting that you're pulling up. Are they accurate and update it?



Diane Kress: So from what I can tell again, everything is through OnBase. And so what we've seen if we are pulling it are pretty accurate within the date and the time frame of when the SC has conducted her last 90 day review.

Diedra Freedman: The reason I'm asking, you've listened to us talk about this for the last year and a half, Is when our Program Review Committee Is presented with PCSPs, more than likely they're not accurate and they're not timely. So but you have a way in quality to get a hold of those?

Diane Kress: We do. Unfortunately again, I do know that we do pull the PCSP plans. And we are reviewing them. We do obviously mention to the SC supervisor if there's something that's not clear, we will reach out to the support coordination just to discuss because there are some instances where it is one word and so

Common Mistakes

Page 1 - Date of Incident

This is the date of the Incident NOT the date that it is being reported.

Page 1 - Time of Incident

Time can be a best estimate. This is important to differentiate multiple reports from the same day.

- Page 1 Does the PCSP identify the need for an enhanced ratio?
 - If yes, select appropriate supervision level:

This question is important. Please do not leave this question blank. Please document the details of a member's need for supervision.

Diedra Freedman: Yeah. I'm just obviously curious. Why does the program review committee chair, who's a DDD employee, doesn't have access to that same database and can't pull the accurate PCSPs like the quality team. So just my observation. Sorry, Diane.



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Common Mistakes (Continued)

- Page 1 Qualified Vendor or Provider responsible for Member at the time incident occurred:
 - What services were being provided at time of incident:

If a different vendor is responsible, enter that vendor's information in this field.

- Page 1 Reporting Qualified Vendor or Provider Name (**if different from above**):

 When reporting an incident where another vendor is responsible enter your information in this field.
- Page 2 INDIVIDUAL / STAFF INVOLVED
 Make sure you use the staff's full legal name in these fields.

Diane Kress: Again on page one, the other piece that we're finding too, the part of the qualified vendor or provider responsible for the member at the time of the incident. What services were being provided at the time if a different provider is responsible, enter that vendor's information in that field. Also on page one, reporting qualified vendor or provider, again when we put an incident where another vendor is responsible, enter your information in that field. So there's two parts of it. There's the part that I just mentioned and then of course towards the bottom of page one, there is that reporting qualified vendor. So if I was the one reporting it, however, it happened at the DTA, then I would list that, the responsible person/provider, for that member at the time of the incident occurred at the DTA, but I'm reporting it.

01:00:00

Diane Kress: It just helps clarifying that because we do get those instances where we find out a member mentions something while they're at their DTA and it occurred at the group home. On page two, I want to make sure that individual staff is involved again. Please make sure that we have the full legal name. I know sometimes we do go by maybe our Nickname, so it is very important for us to get the staff's full legal name. Because that is also being tracked. We certainly would not want a staff out there if there was some case that came through. Page two, a list of medications again on part of that page, list all the medications that are involved in the error. Fill out the grid there for the incident. If other members' medications are given to the wrong member, please include which medication we're given. It's also critical for us is what action was taken. For instance, We do get incidents that state that I gave Diane the wrong medication. However, we did retrain the staff and they are following the medication rights. So it's important to put that action in there. What was taken? Page two four and seven.



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Common Mistakes (Continued)

Page 2 - List of medications

List all the medications that are involved in the error. Fill out the grid completely for the incident. If other members' medications are given to the wrong member, please include which medication was given.

Page 3 - Was any action takenMany QOCs happen due to not including follow-up information.

Page 2, Page 4, Page 7 - Description of Incident

For all the descriptions please include the who, what, when, where, and how the incident happened. Please include the order of occurrence from beginning to end.

Diedra Freedman: Diane I would assume when you're looking for action taken You're also looking for indication that we call Diane's PCP.

Diane Kress: Yes.

Diedra Freedman: To find out what we do because the wrong medication was given.

Diane Kress: Absolutely, correct. That definitely again include all that information. It's very helpful for us. It tells us exactly that the agency did correct and took a plan of appropriate action. So again that's part of the issue that sometimes in the past, we've had quite a few quality of concerns due to there was no follow-up in the information like you were saying De.

Diedra Freedman: So that everybody is aware and I'm sure this is rhetorical information, but DDD had more of a Quality of Life Social Services model because it's Medicaid funding we needed more of a medical model. And so we're meshing the two and we're trying to come up with the best of both worlds. Is that a fair assessment?



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Common Mistakes (Continued)

- Page 8 Were emergency measures utilized during this incident? Yes No
 - If yes, what type of Prevention & Support was utilized during the event:
 - · Name of staff involved in the technique:

Please describe what technique was used and by which staff.

• Page 8 - Was the Member injured? Yes No N/A

It is very important to document if the member was injured. If so, what follow-up was done (including first aid or an ER/Urgent care visit)?

Page 10 - CORRECTIVE ACTION/COMMENTS

This is where the vendor can describe actions taken to resolve the issues including team meetings or referrals for medical follow-up etc....

Diane Kress: Yes. Yes, it is. Page two four and seven again is the incident description. So please again include the who, what, when, and how the incident happened and include it in the order of occurrence from beginning to end. On page eight, we have this that happens. "Were emergency measures utilized during the incident?" And the answer is yes or no. We'd like to make sure that you include what type of prevention and support was utilized during the event and of course also the staff who was involved in that technique. So please describe what technique was used and by which staff. And again on that same page, was a member or members injured or if that's an NA. It's very important to document if the member was injured. If so, what follow-up was done; if they were taken to the hospital. Any corrective action is greatly appreciated and the follow up or any meeting with team meeting, referrals, Etc.

Diedra Freedman: And every Direct Care provider who is an employee of a DDD QVA has to be First aid and CPR certified and so they should be using those skills, correct?

Diane Kress: Yes, that is correct.

Diane Kress: So this is the part that we have here is family providers. Please include the incident description where their family member is a paid provider and if they were providing services at the time of the incident. So again now that we have that in place due to covid we do have obviously parents who are paid providers and sometimes it's very difficult to note in incident description if that person was providing Services when the incident occurred. Also gaps and services, please describe your efforts to provide a replacement to fill in the gap.



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Additional Notes

Family Providers

Please include in the incident description whether a family member is a paid provider and if they were providing services at the time of the incident.

Gaps in Service

When there is a gap in service, please describe your efforts to provide a replacement to fill the gap.

Document when an incident occurs while NO services were being provided.

Example- when a family describes an incident to you that happened while no provider was present. In the description, please identify that your staff was not responsible for the member at the time of the incident.

01:05:00

Diedra Freedman: And just regarding family providers, they're held to the same standard that every other provider is held to, correct.

Diane Kress: Yep, they are. Document when an incident occurs while no service or we're being provided. So again example when a family member describes an incident to you that happened while no provider was present. In the incident description, please identify your staff was not responsible for the member at the time of the incident. So because we do get that guestioned often.

Diane Kress: So this is a house bill to 2865, requires DDD to track two specific types of data from group homes. 1. Has the incident caused a change to members' Behavior plan? and 2. Was law enforcement involved in the incident? We use the following questions on the incident report to identify those answers. If these are not there, then we will have to reach back out to the agency to request that they complete that form because again, we are providing for the house bill this information.



HB 2865

House Bill 2865 requires DDD to track two specific types of data from group homes: 1) has the incident caused a change to a member's behavior plan; and 2) was law enforcement involved in the incident? We use the following questions on the incident report to identify the answers:

- Page 1 Is a Behavior Plan required? Yes No
- Page 8 Does this incident require a change to the Member's BP?
- Page 8 Was 911 called? Support from Law Enforcement
- Page 9 LAW ENFORCEMENT NOTIFIED: Yes No N/A

Diedra Freedman: Do you know when that reported information is going to be available? And will it be provided to the IOC's?

Diane Kress: It's a good question. I'll have to find out for you because I know we started collecting the data since October of last year. And so we're backtracking because we had started this December 1st. So we were requested to capture October and November's months. So I'll have to find out for you De.

Diedra Freedman: Because you provide us with great metadata. And I'm wondering if we can just get that added to our metadata.

Diedra Freedman: If you can provide us with metadata on this because you're already providing it to the monitors to Disability Rights AZ and...

Diane Kress: Correct. Yep. You're right. It's a good question.

Diedra Freedman: If we need to next month, we can always have a vote and make a formal request.

Crystal Fox: Can I ask a quick question? Do we know, does DDD track how many of their members are both SMI and DDD? I mean, I know it's not an incident report question, totally kind of off the.

Leah Gibbs: Yes, we do track that information.

Crystal Fox: You do, is it public record or public knowledge?

Leah Gibbs: Probably not because it's protected health information, to be honest with you Crystal. But We have large scale numbers that potentially could be shared,...



Diedra Freedman: right

Leah Gibbs: but it would not be member specific information.

Crystal Fox: Right, right. It would just be how many. Okay.

Diedra Freedman: Just to keep the record straight, Leah, here at district West IOC. We really believe in HIPAA and we only want information that we need. Otherwise We prefer not to have that information.

Leah Gibbs: I know you do.

Crystal Fox: Yeah, no, it would just be about the numbers. It wouldn't be about any particulars.

Diane Kress: Yeah, so since we do numbers before we go to the last two pages, which is more just a resources. I just wanted to provide you with just a couple of pieces here. Just for the month of March, District West has entered over 852 incident reports. Currently right now. I'm not counting today's results, for April, we are at 713 incidents that we have entered into IMS. That does not really include summary notes that there's been an existing incident report that's already in the system. So we are quite busy in District West. All incident reports that are entered are monitored by each of the District's entry, our QA supervisor and QA manager, as well as the QA triage team. Triage's quality assurance nurses for the districts, each incident is determined on the critical level of the incident triage.

01:10:00

Diedra Freedman: Diane can I ask you? That 713 incidents. DDD member population-wise, we've been informed that we're number two in the state. East has the largest number of DDD members.

Diane Kress: Yeah.

Diedra Freedman: How do we rank with the incident reports? Are we the second largest in the state?

Diane Kress: Yes, we are.

Diedra Freedman: But we're not the first largest in the state. so we're tracking.

Diane Kress: No.

Diedra Freedman: Doing pretty good. I mean we're where we should be given. Our population so there's no red flags going off there.

Diane Kress: No, but again as we continue to grow, I do know that again all hands on deck. It's a lot of incidents that we do receive, just for this District.

Diedra Freedman: We're excited because Delorah Grant is back on your team. We love Delorah Grant.



Diane Kress: I am thrilled to have her back. She has been a huge asset, already knowing most of these systems in and out. It has been huge. Really. I wouldn't say relief but just huge. Yes, I have someone that I can definitely count on for support, for knowledge, education here and there and it's great to have her back and she's great. She's happy to be back. So Yes, Crystal.

Crystal Fox: About how many members do we have in IOC West?

Diane Kress: I would say a little over 12,000? because I think District East is about 13,500 or something. I mean they're high up there. Yeah.

Crystal Fox: over 12,000. Thank you.

Diane Kress: So again, let's see. Triage will determine how we would handle each incident in a timely manner. This will include not only data entry, the supervisor and manager level, but the QA District nurse and nurse supervisor. These incidents are tracked and Trend through IMS for each member. When the triage nurse determines a quality of care concern, the triage will notify the district nurse supervisor. The QMU triage, in collaboration with QA management, asking for a health and safety assessment visit to complete for the following incident. At that time we do request any applicable documents from the agency at the time of visit. We also do track and Trend agencies and if it's determined a systemic is needed for that particular agency, we will conduct unannounced visits and follow-up visits. though

Diedra Freedman: Are we a slide behind?

Diane Kress: No, I just want to provide that because the other two slides are just resources. So I just wanted to add those two pieces in there. But, next slide, basically is resources.

Diedra Freedman: Okay. Great.

Diane Kress: Provider manual Chapter 70, qualified vendor incident reporting. And then of course the actual form itself is there. And then the last slide is basically the QA contact information. Which again, those are the other districts. It is based by the support coordinator. Let me see if I phrase this correctly. The member's support coordinator, that's who you would send the incident report to.



Tuesday April 23 2024 - 6:00 PM to 8:00 PM

Resources

 Provider Manual Chapter 70 Qualified Vendor Incident Reporting

https://des.az.gov/sites/default/files/media/DDD_Provider_Policy_Manual_Chapter_70_Qualified_Vendor_Incident_Reporting.pdf2time=1703096553023

DDD 0191A FORFF (10-23)

https://des.az.gov/sites/default/files/legacy/dl/DDD-0191A.pdf7time=1703096737677

District QA Contact Information

District	Email	Phone#	Fax#
District Central	dddcentralir@azdes.gov	(602) 375-1403 Option #2	(602) 532-5511
District East	dddeastir@azdes.gov	(602) 375-1403 Option #1	(480) 890-7138
District North	${\tt ddddistrict} northinc ident reports @ azdes. gov$	(602) 375-1403 Option #4	(928) 773-8496
District South	dddd2ir@azdes.gov	(602) 375-1403 Option #5	(520) 628-6682
District West	dddwestir@azdes.gov	(602) 375-1403 Option #3	(602) 771-1857



Diedra Freedman: But we have special permission. If we have any questions, we're either contacting you or we're contacting Delorah. Delorah told us before she left us that we could contact her directly, gave us her email. I know it's the same email. So I'm just gonna continue as if she never left us and if we have an issue, we're just going to contact Delorah.

Diane Kress: And make sure I'm in the loop on that too.

Diedra Freedman: And we'll make sure that we cc you.

Diane Kress: Make sure I'm included for sure. So. That's it. Are there any questions?

Diane Kress: Hopefully I know 11 pages seems to be a lot but it really isn't as much.

Diedra Freedman: It's important information that you're collecting.

Diane Kress: Yes it is and I know that you helped put this incident report together.

Diedra Freedman: Well, Ginny Roundtree did all the work. But what I'm really waiting for is when this becomes part of the AHCCCS database and it's searchable and then you guys can start tracking and trending. That's what I'm really looking forward to because I think that it will really help to improve the system. And when you can share that information with providers. I really do not believe that we have ill intention providers. I just think we have providers who need some education. so

01:15:00

Diane Kress: Education. I agree.

Diedra Freedman: Does anybody have any questions at all?

+1 602-***-**25: Nope.

<u>Discussion, Review, and Possible Action regarding any policy issues of concern to IOC Members including requests for education presentations for the year.</u>

Diedra Freedman: We're ready for discussion, review and possible action regarding any policy issues of concern. Does anybody have any of those?

Diedra Freedman: Does anybody have any education requests for our next meeting? I know we're going to do the Paid Parent Provider Program. We'll talk about that when Cynthia's back because she had requested that we do that.



Diedra Freedman: So before we do, does anybody have any policy notification review and discussion?

<u>DDD and AHCCCS Policy Notification Review and Discussion</u> Discussion, Review, and Possible Action on Committee Membership

Diedra Freedman: Before we do our updates. I would like to jump to number 14, Discussion, Review and Possible Action on Committee Memberships. So Pam, you've lasted an hour and 19 minutes with us. What do you think so far?

Pam Dewey: Very interesting and then in fact, I lasted the whole last minutes because I listened to the recording for that time period for the previous minutes as well, so

Diedra Freedman: Are you still interested in joining us?

Pam Dewey: Yes.

Diedra Freedman: Okay, I need a Nomination,... do I have Brad, Pat, and Crystal on the line?

Crystal Fox: Yep.

+1 623-***-**37: I had to unmute myself. Yeah. Thanks, I'm still here.

Diedra Freedman: So I know Crystal wants to make a nomination that we accept Pam Dewey as our next DDD district West IOC member.

Crystal Fox: Yes.

Diedra Freedman: So you want to go ahead Crystal.

Motion and Vote

Crystal Fox: Yes, I would like to make a request to nominate Pam Dewey as our next IOC member.

Diedra Freedman: And either Brad or Pat, one of you want to second?

+1 602-***-**25: I second Pat Dewey

Diedra Freedman: Brad seconds that. So we need to do a vote but because Brad and Pat are on the phone. I guess you have to actually identify yourself with your voice vote. So Pat. Yay or nay?.

+1 623-***-**37: Pat Thundercloud. I vote Yes.

Diedra Freedman: Brad, Yay or Nay?.



+1 602-***-**25: Brad Doyle. I vote Yes.

Diedra Freedman: We might as well just finish it out Crystal.

Crystal Fox: Yes.

Diedra Freedman: And since we have to have four members to have a quorum. That would mean, as the chair, that I have to vote to be the fourth. And since I recruited Pam and somehow talked her into joining us, I am an unresounding Yes. So the motion passes, four-zero. Pam, welcome. You are now a member.

Pam Dewey: Thank you.

Diedra Freedman: and you have all of the privileges that membership entitles you

Pam Dewey: Yeah, I'll be waiting to hear what that is.

Diedra Freedman: There's a free luncheon tomorrow to recognize volunteers. I don't know, Leah, can we

extend her an invitation?

Pam Dewey: No,...

Diedra Freedman: I

Pam Dewey: I can't make it, Leah. That's okay, but

Leah Gibbs: Pam, I was going to give you all that information, but maybe next year we'll get you in.

Pam Dewey: Yeah, I hope that'll work.

Leah Gibbs: Great.

Pam Dewey: Thank you.

DDD Staff updates

Diedra Freedman: So with that. We're ready for our update. Michelle, You want to take it away because you do such an amazing job for us, please.

Michelle Rademacher: Yeah, sure thing. Let's start off with DDD. Leah, you like to save yours for the end. Is that correct?

Leah Gibbs: I'm gonna do whatever you want, Michelle.

Michelle Rademacher: It's totally up to you.



Leah Gibbs: I don't have a lot tonight so how about if I go ahead and go. Does that sound okay?

Michelle Rademacher: That sounds wonderful.

Leah Gibbs: So I have an announcement for the committee and that is to let you know that through the years the OIFA administration with DDD. Is actually undergoing a rebranding. Our unit has been called many things in the past. We've been The Customer Service Center. We've been the HERO unit and most recently the Office of Individual and Family Affairs. All of the AHCCCS Managed Care organizations and AHCCCS itself has an OIFA Administration and DDD is going to continue to have one. However, our OIFA supports a much broader range than just the behavioral advocacy that we do as part of OIFA

01:20:00

Leah Gibbs: We have our customer service center, our community engagement team, our affordable housing opportunities, our general Advocacy, benefits coordinators, Justice liaisons, our Department of Child Safety Liaison, our tribal liaison, our supports that we obviously provide to the Independent Oversight Committee as well as the Developmental Disability Advisory Council. We have our provider relations staff as part of customer service and our volunteer coordinators. They're all part of what we have referred to as the OIFA Administration. As a result the Division is rebranding our unit that supports all these different functions. And our name is going to be that is the CARES Administration. That stands for Community, Advocacy, Resolution, Engagement and Support. And within the CARES Administration there is still the Office of Individual and Family Affairs. There is still an OIFA administrator. That is me and we will continue to support members who have Behavioral Health needs and need navigating support through the Behavioral Health Systems of care. However, the new name really more accurately represents the totality of the work that our unit performs. So that's why when I introduced myself, I was kind of funny about that tonight. So I am Leah Gibbs. I am the Bureau Chief and OIFA Administrator for the CARES Administration for the Division of Developmental Disabilities. So you're gonna hear CARES Administration and I want you to all know where that's all stemming from. Okay, that's my big announcement.

Leah Gibbs: And then I'm sorry,...

Crystal Fox: That's going take you two lines. That name is gonna take you two lines.

Leah Gibbs: I only use CARES Administration. I don't write it all out. But I thought it was helpful for you to know where we did that and we actually built it from an activity that we did with all 50 plus team members on my team that support our members, families, Division staff, and stakeholders and we did an exercise about what would be a good word to describe what we do and we threw a bunch of words out on a board and we are the CARES Administration.

Chat Message: Joan McQuade: CARES - Community Advocacy Resolution Engagement and Support CARES Administration

Diedra Freedman: As long as you're in charge, Leah. We're happy.



Leah Gibbs: De, they're not kicking me out yet.

+1 602-***-**25: I like it Leah, I like it...

Leah Gibbs: Thank you.

+1 602-***-**25: because I fits because you do care.

Leah Gibbs: Thank you Brad. But it's funny that last month when we met and I want to just say how much it meant to me that you've been hearing from the community about the tremendous support that our OIFA team is offering and I wanted to say but we're gonna have a name change, but I didn't.

Diedra Freedman: Yeah, unfortunately, Leah, I don't want to burst your bubble, but with the budget issues. There will be no new raise.

Leah Gibbs: We're aware. Yeah, but it doesn't change what we do. It doesn't change the power that our team brings and the passion that they bring and the fact that I still continue to be so grateful to be able to work with an amazing group of people. I am very fortunate and...

Diedra Freedman: You have a great team.

Leah Gibbs: I appreciate that. Yes, I agree. So to also update you we continue to be rolling out training for positive behavior support. Last month Raising Special Kids had 31 family members graduate from the class. We continue to have very, very positive feedback from the attendees that are taking the class. We are tracking pre and post assessments of people who are taking advantage of the Positive Behavior Support training that's available. We are seeing between an 18 and 21% increase in knowledge between the pre-assessment and the post assessment. Which is as exciting as we are, that we're maybe making some impacts there.

01:25:00

Leah Gibbs: We have over 460 trained Trainers for qualified vendors who are rolling that training out to the direct support professionals that work in their organizations. And we're starting to roll in more and more data of people that are taking advantage of that training. Raising Special Kids continues to be available to any Independent Oversight Committee member who would like to take the training to participate in it with one of their classes and they're happy to do that. In addition,...

Diedra Freedman: Do we know, have any of those agencies actually put in for reimbursement because they've reached the levels that are required for reimbursement?

Leah Gibbs: Yes. and we're doing it, just so that you know, we're doing kind of an internal audit of the names of people that are being sent through to business operations who have been trained and we're confirming we have pre and post assessments for those folks so that we've kind of got a little bit of accountability going on around all that and we're working collaboratively, with our business operations team, exactly on that process, so



Diedra Freedman: And that's more than a six hour training so it counts for that. so

Leah Gibbs: It's a full eight hour day. It's a full, now Raising Special Kids is breaking it into chunks to better support families,...

Diedra Freedman: right

Leah Gibbs: but it is a full day for the direct support professionals who are being pulled off line to get that

training.

Diedra Freedman: But it counts for their annual continuing education requirement?

Leah Gibbs: It absolutely can count toward that annual continuing education. Yes.

Diedra Freedman: Which is six hours a year, right?

Leah Gibbs: It is by the RFQVA, is six hours a year. So pretty exciting. Our Behavioral Health Administration is rolling out their first of two conferences for the behavioral health professionals in order to learn more about best practices in supporting people with intellectual and developmental disabilities and co-occurring Behavioral Health needs. And our first conference is scheduled in Tucson. It's May 9th and 10th and we're excited to roll that out. It's just around the corner. I do have the privilege of being able to attend and support the behavioral health administration as they roll out the conference. So, very much looking forward to that opportunity.

Leah Gibbs: As you continue to see, you get a lot of notices from the Division as we continue to modify and update policies. I've mentioned to the committee before that the Division is working toward that accreditation with the National Quality Assurance Accreditation for DDD. and we continue to work very hard to ensure that we are transparent and we have the information and policy that explains our program and what we're doing to provide those best quality services to the members that we support. So you're gonna still see more policy updates coming your way. But we appreciate any questions or comments about those.

Leah Gibbs: And lastly, to keep you updated, I've shared with the committee before that the Division is in the process of Its request for qualified vendor applications, the RFQVA and that is the contract that we have with the qualified vendor agencies that are providing those home and community-based services for our DDD members. And at this point, we have sent out an announcement to let folks know that we are extending the implementation date. We have several hundred contracts that our contract division is reviewing to make sure that they meet full compliance. as we roll out and implement the new contract, There was an announcement that went out late last week that rather than implementing July first, we're going to implement January 1st of 2025 which allows a little bit more time for vendors who have been working hard to get their application approved, but they of needed to get us more information or make some adjustments in order to comply with the new contract and we do not want to disrupt service for any members as we're going through this transition so that it's a new announcement that went out and we continue to move toward that date.



Diedra Freedman: And the 135 who haven't put in their...

Leah Gibbs: That's what I'm saying without giving numbers, yes.

Leah Gibbs: But we are working very hard and doing direct contacts and supports and we have several of them who have responded and we continue to work toward that.

Diedra Freedman: But that also means that the network will now be closed for 21 months.

Leah Gibbs: It does mean that we are not allowing new applications for qualified vendors. However, the Division has a process that when a member has a need that our current Network cannot meet, that we have a process to go out of network as we need to ensure that the members get the medically necessary Services they need.

01:30:00

Diedra Freedman: So if they don't get their services within 45 days of referral, then they should be filing those Quality Care complaints, right?

Leah Gibbs: They can certainly start with our customer service center. And it's actually 30 days for an existing member that we've identified a new service need that has been placed on the PCSP that we are locating a vendor and for, pardon me I'm saying that wrong, it is 30 days for newly Long-term care members for connecting to those services and 14 days for existing members.

Diedra Freedman: Can you send me that policy because I can find it Leah...

Leah Gibbs: You can't find it? De, Let me do my homework and find it and make a note to send you a link. Okay.

Diedra Freedman: because and in AHCCCS' information that they published, It's 45 days. So.

Leah Gibbs: Those have to do with right, getting into those health plans for physical health and...

Diedra Freedman: Yeah.

Leah Gibbs: Behavioral Health, you are correct.

Diedra Freedman: But I couldn't find anything from DDD, so. That would be wonderful.

Leah Gibbs: Okay, it's there. I just don't know the number off the top of my head.

Diedra Freedman: Not that I'm sue happy, but unless members are documenting that Network insufficiency, we're told DDD doesn't know it exists. So we just want to make sure everything is accurate. So.

Leah Gibbs: There is no doubt. It's important that we have a good solid communication. And as you know, our customer service team is absolutely there to try to figure out what the navigation barriers are to help.



Diedra Freedman: That's because they work for you.

Leah Gibbs: Yep. Thank you. So those are my updates. Any questions from anyone?

Leah Gibbs: Thanks, Michelle.

Michelle Rademacher: Thank you, Leah. Diane I know you were just up a few minutes ago. Did you have any

update you wanted to provide this evening?

Diane Kress: Actually no, we have none at this time. I believe we are fully staffed at this moment. So we are

good.

Michelle Rademacher: Fantastic. Thank you. Joan. How about you? Did you have any updates this evening?

Joan McQuade: Yeah, excuse I have just one. It's kind of two. Our contract. The person that was working as a contractor on our team. That was working with redactions, was hired on as a full-time employee the first of April. So that's the great news. The other great news is we requested another contractor, it was approved, which is fantastic news, and we will be interviewing the first couple of days in May. Actually, the first and the third of May.

Diedra Freedman: So you're not affected by the governor's moratorium?

Joan McQuade: I Think We snuck around it gracefully.

Leah Gibbs: We will know a lot more information by the end of the week.

Diedra Freedman: When you're in your goal is to keep everybody happy so nobody jumps ship so that you

remain fully staffed, right?

Leah Gibbs: No Doubt

Joan McQuade: And we want to make sure that we get all of those incidents redacted and out to all five of

the IOCs in as timely a manner as possible. So

Diedra Freedman: We're hoping that those incident reports are actually hooked up to the AHCCCS database

sooner rather than later. So it's a less manually intensive job for you. but we can only hope and pray.

Joan McQuade: That's all I've got. Thanks.

Michelle Rademacher: That's everybody, De with DDD at least.

<u>Updates from Arizona Department of Administration</u>

Diedra Freedman: Okay, we ready for Larry?



Diedra Freedman: Do you have anything for us Larry?

Lawrence Allen: I'm sorry. I was on double mute there. My bad. Yes. You may have noticed that the agenda has a little bit of a different look. So we Kind of aligned with the other boards and commissions on the agenda to make it more uniform to make it look like the IOC is not districting out there. So bringing all in together, which is good. The other update for Pam would be that be on the lookout, Pam from an email from our HR department. They're going to be sending you onboarding, some onboarding documents for your training for TraCorp. You're gonna be taking a boards and commission training. So be on the lookout for that. And if you have any questions on that,...

01:35:00

Pam Dewey: Okay.

Lawrence Allen: please let me know. Yes.

Diedra Freedman: Larry, I did take your training. But I would have liked to know the one question I missed. It doesn't tell.

Lawrence Allen: Yeah, I've heard that before. Leah asked that question to me as well. I'll try to get an answer guide for the group. And I'll be happy to get that out to you guys. So that way if you do miss one, you'll know what it is, but I will have to probably make you email me.

Diedra Freedman: Yeah, if they don't. That's okay.

Lawrence Allen: That question but you don't know that question. No, that's the problem with TraCorp. Honestly that is the Fatal flaw, in my opinion with that Training system is that you don't know the question you miss.

Diedra Freedman: They told you with all the sample questions whether you missed them or not. It's just the actual.

Lawrence Allen: They do. the actual test

Diedra Freedman: But If they don't change their test questions, they may be reluctant to disclose them.

Lawrence Allen: true

Diedra Freedman: So. I don't know.

Lawrence Allen: I'll see if there's a solution to your question.

Diedra Freedman: I appreciate it. I still don't believe that the last four digits of my ID were assigned randomly and they just happened to be the last four of my social. so.

Lawrence Allen: Yeah, I don't know what to tell you on that. I apologize, but



Diedra Freedman: We'll see you tomorrow at lunch,...

Lawrence Allen: Sorry.

Diedra Freedman: right Crystal and I are coming and so is Pat.

Lawrence Allen: I can't make it tomorrow. no,... I have some other obligations.

Diedra Freedman: Bummer. We're just going to have to party with Michelle, Leah, Joan and... Diane. Are you

joining us?

Leah Gibbs: Planning on it. Actually I'm speaking.

Diane Kress: No, unfortunately, no.

Lawrence Allen: Is a Pat, is Pat still on by any chance.

+1 623-***-**37: Yes.

Lawrence Allen: Pat, I wanted to reach out to you regarding the TraCorp training. Have you had an opportunity to review the documents that were emailed to you?

+1 623-***-**37: No I haven't. I really don't look at my AOL because I have such a difficult time with that password. I don't know what's wrong with that, that I had to have someone with others. But what that one, aren't you? Sure, but I'll find out my password and go ahead and take a look at it.

Lawrence Allen: Okay, please let me know if you have any questions or anything I can help you with. I'd be happy to do so.

+1 623-***-**37: Okay. Thank you.

Diedra Freedman: Do you have Larry's phone number?

Lawrence Allen: Thank you Pat.

+1 623-***-**37: No

Diedra Freedman: I'll text it to you. So that you have it.

+1 623-***-**37: Okay.

Lawrence Allen: Please feel free to reach out, Pat.

+1 623-*-**37:** Okay, will do.



Diedra Freedman: Diane, I'm sorry that you're not joining us for lunch because Richard tells me it's going to be a great lunch. I hope it's because you have a scheduling conflict and not because you didn't get an invite because you should get an invite because you join us every month and we appreciate you.

Diane Kress: Thank you. I wish I could join so, thank you.

<u>Updates from Integrated Health Plans & AHCCCS</u>

Diedra Freedman: Who's next, our health plans. Do we still have our friends from Mercy Care and United with us?

Tyson Gillespie, Mercy Care: So I'm here from Mercy Care.

Diedra Freedman: Tyson

Tyson Gillespie, Mercy Care: again, Tyson, Gillespie, the OIFA administrator. Excited to say I've been working with Leah, her team and her friends at United on some resources that'll hopefully be going up on the Division's website in the next couple months maybe, give it that for folks seeking Behavior Health Services. Also really excited to have a group of our Mercy Care staff and promoting the conference that Leah spoke about. they'll be down in Southern Arizona. As a person from Southern Arizona, I'm really glad to see that's where the first one will be occurring. And we're moving forward with efforts to really promote Peer services and Family Support Services for individuals and families that are supported by the Division and our health plan. We have...

01:40:00

Tyson Gillespie, Mercy Care: I guess it's near the end of April. So I think it's the 30th. I will be going on a tour of a few programs including Raising Special Kids and just ongoing engagement with members and families supported by both systems.

Diedra Freedman: And just for the record, Raising Special Kids is a AHCCCS registered provider, a community service agency and they can provide that peer mentorship support, right?

Tyson Gillespie, Mercy Care: So they primarily do Family Support Services. They are a CSA or Community Service Agency and definitely really kind of a special place for the supports they do for those families. I think they also can, if they were to employ peer support, offer that service but right now they have credentialed or certified family support specialist.

Diedra Freedman: And do we, do we have any other Behavioral Health agencies or community service agencies that are jumping in to support the DDE Community specifically?

Tyson Gillespie, Mercy Care: I don't know if I could specifically call any out. I would defer over to Leah because our contracts are usually across all of our health plans. I just know Raising Special Kids specifically is a great support to this population.



Diedra Freedman: Hey Leah.

Leah Gibbs: And De, one of the activities that we do every quarter is we do an analysis from each of our health plans from Mercy Care as well as United Healthcare, and we look at encounters for our DDD members for Behavioral Health Services, specifically looking at peer support services and Family Support Services. And we do an internal kind of a report so that part of our goal is to continue to expand and grow those services to be available to DDD members. And so we have a list of which are the agencies that are serving our folks for which services and how many members are actively receiving those services and so we do have that information.

Diedra Freedman: Leah have you done an analysis with the agencies or employees that are participating in those brand new education programs that you put up and comparing the two to see if the agencies that are partaking in those classes are now seeing more of our members and their families.

Leah Gibbs: That's exactly one of the data points that we are watching for. We know that even though we've been rolling this out for a little while. It's going to take a little bit of time before we actually hopefully see that boost that we expect to see but the answer is yes, we certainly are.

Diedra Freedman: That's great news Leah.

Diedra Freedman: It's great to see the system working. So is there anybody from United with us? This is what happens when Dawn abandons us.

Diedra Freedman: No lunch for her tomorrow huh, Leah.

Updates from DDD IOC liaison

Diedra Freedman: Okay, let me check my agenda here.

Diedra Freedman: Michelle you're next.

Michelle Rademacher: Okay. It's interesting how our meeting has flown through the process tonight. Most individuals have provided information that I already had my update. Diane provided the metrics for the month of March in that 852 incident reports were shared with the committee.

Michelle Rademacher: We talked about the volunteer appreciation luncheon. That's tomorrow for DDD showing their appreciation to all of our volunteers, our Independent Oversight Committee volunteers as well as our other volunteers in Program Review Committee and the others that are involved with helping the vulnerable citizens and members of DDD. Then we talked about the new public agenda. I had the public agenda meeting format and Larry brought that up. So you'll see that new agenda format. If you have any questions or issues on that format, just let me know there is some flexibility there, but we're looking to be aligned with all of the state public boards and committees is my understanding with that change for the agenda format.



01:45:00

Michelle Rademacher: So that leaves me to my regular update that I provide which is on DDD's public town hall. The next public town hall meeting for providers and families is Thursday May 2nd from six to eight pm and that's done virtually. It's always done on the first Thursday of each month. That would be the extent of my updates.

Diedra Freedman: Hey Leah.

Leah Gibbs: Hi Michelle, thank you. I just want to share with the committee that last month, our colleagues withAHCCCS joined us during our public town hall. And in May we have Ronaldo Fowler with Disability Rights Arizona, talking about voter rights for adults with developmental disabilities here in Arizona, and we have Voter Writers coming in who's an agency that helps people to obtain the documentation that they need in order to be able to vote and they're going to be sharing information during that meeting on Thursday.

Diedra Freedman: Hey Leah, when they share that information, can they also give members and families tips about how to ensure, if they file for guardianship, if possible that individuals can retain the right to vote. If possible.

Leah Gibbs: Let me see what's on their presentation De. I appreciate that. We do Post those presentations from any one of our town halls, onto our members and families web page through a link,...

Diedra Freedman: right

Leah Gibbs: but I will watch for that specific while they print. Absolutely.

Diedra Freedman: It should be very important information. People don't realize and they just sign those rights away without consideration when they're very important, but obviously you have to be able to show to the judge's satisfaction that the individual can vote on their own without undue influence.

Leah Gibbs: Absolutely. So we're looking forward to them joining us.

Diedra Freedman: And then, Michelle, just so everybody understands. I've said it before but I'll say it again. If anybody has any topics for our meetings, bring them to my attention and bring them to your attention. And we'll go from there and...

Diedra Freedman: What I would like to start doing. Our committee members, is because of our Quorum issues, because there are so few of us, more than three of us talk about a subject, we're over Quorum and we have to have a public meeting. So what I would like to do is to have members consider questions and put them together before the meeting and then we can go over them during the meeting. If we don't get the information or we can go over them at the next meeting, take a vote and then use the formal process, send them toADOA asking for answers.



Diedra Freedman: Obviously, I'm just reminding everybody. We have no investigative Powers. All we can do is ask questions with no authority to do anything but ask questions of the Division. Whether they answer the questions or not is another story. But we can ask questions and we can ask AHCCCS questions. They don't have to answer us, but we can go ahead and ask those questions. But one of our big responsibilities is to advise on policy. And given the group of people that we've put together. I think that's where we feel that we can be most productive with our time in our efforts. So I'd like all of us to think about a streamlined way that we can do that so that we get the answers out there because there are Answers that individuals would like to give us that for whatever reason, they need to be asked, they just can't be volunteering the information. So. Let's help them help us in a professional way because we're all Professionals and we don't invite anybody to District West because we're looking quote unquote "get them". We're looking to them because they provide us with valuable information and resources. And yes, we ask tough questions, but they're not personal and it's all for the Improvement of the system.

Discussion and Review of Incident Reports and Behavior Plans

01:50:00

Diedra Freedman: So is there any discussion, review of incident reports or behavior plans that anybody wants to bring up at this time. Okay, I'm taking that as a no. So there's no reason for us to go into executive session. So I'd like to say, Pam, congratulations and Welcome to the Party, I guess. I don't know. When we meet in person Pam,...

<u>ADJOURNMENT</u>

Pam Dewey: Thank you.

Diedra Freedman: I used to actually bring Refreshments for everybody. So you have to provide your own.

Pam Dewey: I'll go find a cupcake or something. Thank you.

Diedra Freedman: But one of these days, we'll try again to have a private party and since I have friends they will be invited. But it won't be an IOC meeting. But there are ways that we can socialize and most Mondays, Crystal and I meet for breakfast at First Watch on McDowell. So if anybody ever wants to join us. You are welcome to join us. We just will not have an official IOC member or a quorum but we're there most Mondays. So at that point if nobody has anything to add it is 7:55. We are adjourned. When is our next meeting Michelle?

Michelle Rademacher: The next meeting is May 28th.

Diedra Freedman: And traditionally we take off June and July for the summer and we meet again in August. So somebody's going to have to make that motion if that's what we want to do.



Diedra Freedman: And also, Like I said, think of any questions that you have. I'll get up with Cynthia and we'll see if there's anything that didn't get answered with the hardship presentation that AHCCCS did for us or with Diane's presentation. That was a great presentation, Diane. Thank you. It's a very complicated issue as we all know and the bane of our existence, but it's Crucially important that we be looking at that quality data. Because that's how we keep our members safe. So if we could just track and trend efficiently, that would really be a big boost, but we're getting there.

Diane Kress: Yes, we are getting there. Thank you Michelle for helping present, really appreciate that. Thank you.

Diedra Freedman: With that, it's 7:56. We're done. I'll see Pat and Crystal tomorrow for lunch with Leah and...

Diedra Freedman: Michelle. And Diane's not coming. Anybody else coming?

Leah Gibbs: Zane is going to be there. Angie Rogers, hoping to be there. She's certainly planning on it. Yeah and...

Diedra Freedman: Yeah.

Leah Gibbs: Joan you're going to be able to be there, right? Yeah.

Joan McQuade: Yes, I am.

Diedra Freedman: Good.

Leah Gibbs: And Morgan will be there with bells on and Michelle. And then Mickey and Richard. so Will be several of us.

Diedra Freedman: Yes.

Diedra Freedman: Good, but Tyson's not coming. We didn't invite our OIFA friends who come to these meetings every month. We should be inviting those people because they're volunteering for us. so That's just my two cents. It's not my party but It would be nice to show our appreciation to those people. So thank you very much. We will see you on the 28th, right Michelle.

Michelle Rademacher: Yes.

Diedra Freedman: We'll see the 28 6 o'clock. for those of you who like to do meetings. You're always invited to the quarterly IOC meetings. And that is Thursday 6PM and the information is on the IOC website with the agenda. Right, Larry's not on anymore, but it's there. So if anybody wants to, otherwise, I'll tell you in May how the meeting went. Good night. Thank you.

Meeting ended after 01:55:31





For all of March 2024 IRs, the Committee members have been given a total of **793** incident reports in the Shared Drive. This included **39** open and **754** for closed reports.

Type	Open	Closed
Accidental Injury		100
Consumer missing		2
Deaths		5
Emergency Measures		6
Human Rights		12
Legal	0	1
Medication Errors		41
Neglect		47
Other Abuse	2	3
Other Behavior		360
Other Injury Unknown		161
Physical Abuse		13
Property Damage		1
Suicide		2
TOTALS		754

The IRs will be reviewed by the committee members.

Number of Questions for Quality Improvement Manager, QIM: 0

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

All PRC meetings are being attended by Crystal Fox.

Number of Behavior Plans turned in by IOC Members: unknown

The Program Review Committee (PRC): unknown