November 1, 2023

The Honorable Warren Petersen

President, Arizona State Senate

1700 West Washington Street

Phoenix, Arizona 85007

The Honorable Ben Toma

Speaker, Arizona House of Representatives

1700 West Washington Street

Phoenix, Arizona 85007

Dear President Petersen and Speaker Toma,

On behalf of the DDD District West Independent Oversight Committee, please find attached the 2022-21 Annual Report that outlines our committee's activities and recommendations. The report was prepared in accordance with the requirements of A.R.S. § 41-3804(H).

Thank you for your continued support of the committee volunteers that are protecting those in need.

Sincerely,

Diedra Freedman

DDD District West Chair

cc: Thomas “T.J.” Shope, Senate Health and Human Services Committee Chairman

Carmen Heredia, Executive Deputy Director of Arizona Health Care Cost Containment System

David Lujan, Arizona Department of Child Safety Cabinet Executive Officer

Jennie Cunico, Executive Deputy Director of Arizona Department of Health Services

Angie Rodgers, Executive Deputy Director of Arizona Department of Economic Security

Steve Montenegro, House of Representatives Health and Human Services Committee

Elizabeth Alvarado-Thornson, Executive Deputy Director of Arizona Department of Administration

INTRODUCTION AND BACKGROUND

The Independent Oversight Committee (IOC) formerly the Human Rights Committees, supported by the Arizona Department of Economic Security (DES), were established into law under A.R.S. 41-3801 and functions as an independent advisory and oversight committee to the Division of Developmental Disabilities (DDD). Independent Oversight Committees (IOC) were established to promote and protect the rights of members with developmental disabilities who receive services from the Division of Developmental Disabilities. District West IOC is located on the west side of Maricopa County and extends south including portions of the Gila River Indian Reservation, to North Phoenix, and West to the border of Arizona. In 2023 District West served 12,216 members. District West IOC continues to be one of the fastest growing districts in membership for the DES and DDD. The monthly meetings are held virtually since 2020. The committee meets on the fourth Tuesday of the month for approximately two hours.

RESPONSIBILITIES AND DUTIES OF THE INDEPENDENT OVERSIGHT COMMITTEES

The Independent Oversight Committees (IOC) are made up of dedicated volunteers, who donate their time to serve the members within their districts. The IOC operates under the Open Meeting Laws of Arizona and follows specific IOC Guidelines created by their district. The District West Committee met 8 times this year. The committee provides independent oversight, review, research and makes recommendations to the Department of Developmental Disabilities. The committee reviews incidents of including Physical Abuse, Sexual Abuse and Other Abuse, Neglect, Accidental Injury, Missing Clients, Emergency Measures, Human Rights Violations, Medication Errors, Death, Suicide, Hospitalization, Theft, Other Behaviors, Legal and Property Destruction. The committee members also review Behavior Plans (BPs) and make recommendations for changes.

DISTRICT WEST HUMAN RIGHTS COMMITTEE MEMBERSHIP

The District West Independent Oversight Committee (IOC) is composed of dedicated community members including parents, family members, professionals, and paraprofessionals who volunteer their time and knowledge to advocate for DDD members. Current members for the 2023 year are: Diedra Freedman (De) (Chairperson), Bernadine Henderson (Vice Chairperson), Pat Thundercloud, Brad Doyle, Cynthia Macluskie, Shelly Vinsant and Crystal Fox. All the current members have appointments by the Arizona Department of Administration or the Division of Developmental Disabilities if appointment was prior to August of 2019. There continues to be a recruiting and retention challenge for volunteers to the DDD District West Independent Oversight Committee. We had 10 Members on July 1, 2022. Members Heidi Lewis, Heidi Miller, Julie Heineking and Diane Concolino all left the DDD District West IOC between July 1, 2022 and June 30, 2023 for a variety of reasons. Unfortunately, any recruitment efforts by DDD did not help us maintain our committee membership at 10 Members. Our goal remains to reach and maintain our full membership of 15 members. We await the hiring of a new DDD Volunteer Coordinator and once one is hired will again ask for a recruiting plan of action for the DDD District West IOC.

DISTRICT WEST INDEPENDENT OVERSIGHT COMMITTEE VOLUNTEER HOURS

The District West IOC volunteered over 1,000 hours of their time in 2023.

INCIDENT REPORTS

District West IOC received a total of 8,828 Incident Reports (IRs) for 12,216 members from July 1st , 2022, to June 30th, 2023. District West IOC receives all Incident Reports by accessing a secure Google Drive. This platform allowed the members to access all the Incident Reports at any time. There are 14 types of Incident Report, including Physical Abuse, Sexual Abuse and Other Abuse, Neglect, Accidental Injury, Missing Clients, Emergency Measures, Human Rights Violations, Medication Errors, Death, Suicide, Hospitalization, Legal, Theft and Property Destruction.

BEHAVIOR PLANS

District West IOC reviewed 56 Behavior Plans of the 533 Behavior Plans reviewed by the DDD District West Program Review Committee in 2023 and we continue to do our best to review them. The goal of the committee is to review every Behavior Plan and as we recruit and retain more members we are hopeful we’ll reach our goal next year. Bernadine Henderson, Pat Thundercloud and Crystal Fox to participate in the Program Review Committee (PRC) meetings in 2023. They consistently are involved in attending the PRC meetings and are advocates for the process.

PROPOSED ARTICLE 9 REVISION RECOMMENDATIONS

District West IOC collaborated with District Central IOC on recommendations regarding DDD’s proposed Article 9 revisions and corresponding DDD Policy revisions. District West IOC was relieved that DDD withdrew its Article 9 revisions after the initial Governor’s Regulatory Review Commission (GRRC) meeting on Article 9 as the DDD proposed Article 9 revisions failed to retain the original spirit of Article 9. We look forward to working with DDD when it again decides to propose Article 9 revisions.

OTHER ISSUES

District West IOC continues to be concerned with the health and safety of DDD Members especially after a tragic fire in the West Valley. District West IOC Member Cynthia Macluskie also is the President of the Autism Society of Greater Phoenix. We recommended that DDD share the Autism Society of Greater Phoenix Safety 101 information with DDD Members and their families.

We also continue to be very concerned about the accuracy, consistency and timeliness of the documentation in DDD Member’s Person Centered Plan (PCSP) and Behavior Plan (BP); especially the medication lists where transcription errors are a serious issue. This is improving since being brought to the attention of DDD Assistant Director Zane Garcia Ramadan. District West IOC Member Crystal Fox, RN is a psychiatric nurse who retired from the Arizona State Hospital after 35 years and continues working at a private psychiatric hospital that is an AHCCCS Registered Provider in-network for many AHCCCS Managed Care Organizations (MCOs). Crystal agreed to meet with DDD staff regarding her suggestions for standardized medication sheets for DDD providers to be used in everyday medication administration plus included in Behavior Plans along with suggestions for medication management procedures that will help reduce medication errors while increasing documentation accuracy and transparency. We look forward to continued improvement on this issue.

The network insufficiency of adequate behavior health services for DDD Members; especially crisis intervention services and residential services continue to be a serious concern. We acknowledge this is a nationwide challenge that AHCCCS and DDD have been working to meet here in AZ. We are encouraged by the work being done to identify these insufficiencies and look forward to working with DDD to encourage and incentivize the development of appropriate supports and services.

Several Members of the District West IOC agreed to work with DDD regarding ElectroConvulsive Therapy (ECT). We request that DDD develop, draft, policies, procedures and guidelines, including marketing, to ensure that the Article 9 protections for DDD members are vigorously enforced. We look forward to hearing how DDD chooses to proceed to make ECT available to DDD Members while ensuring that ECT is not used either punitively or to control behavior.

Encouraging DDD Members and their families to retain primary commercial health insurance and the coordination of benefits and the prohibition against balance billing so that DDD Members who have primary health insurance are not discriminated against continues to be an issue. We look forward to continuing to work with AHCCCS and DDD to solve this challenge. We appreciate that representatives of AHCCCS, Mercy Care and Unitedhealthcare Community Plan faithfully attend our monthly meetings offering both their expertise and willingness to resolve any Quality of Care systemic issues brought to their attention. These representatives also have a collegial and productive relationship with the DDD Office of Individual and Family Affairs and work together to improve the quality of life, supports and services delivery for DDD Members and their families. We look forward to working with DDD, AHCCCS, and the AHCCCS managed care organizations to better educate their staff, DDD members, their families, and providers about care coordination, balance billing and Medicaid fraud.

District West IOC strives to protect the rights of DDD Members and their families while acting professionally but holding DDD accountable as the public’s eyes and ears. We appreciate and work hard to maintain our relationship with Larry Allen, ADOA IOC Liaison; DDD Office of Individual Affairs (OIFA) Bureau Chief Leah Gibbs, DDD IOC Liaison Michelle Rademacher and rest of the DDD OIFA staff along with Mercy Care DDD Liaisons Janet Holtz and Summer Kamal; Unitedhealthcare Community Plan OIFA Director Dawn McReynolds and AHCCCS IOC Manager Fredreaka Graham.

Below are the District West IOC January 2023 questions along with answers from DDD:

**Subject:** Inform: DDD Response to Questions from DDD District West Independent Oversight Committee

Good afternoon,

Here are the responses to the District West IOC inquiries:

1. In which situations, locations, under which circumstances, and which individuals are obligated to comply with Article 9 when interacting with a DDD Member?
   1. For example, does Article 9 only apply when the individual interacting with a DDD Member is being compensated with funds originating from DDD?
      1. If this is the case and DDD is considered the Managed Care Organization that subcontracts with AHCCCS MCOs to provide healthcare for DDD Members does this mean that Article 9 covers an individual receiving DDD-funded healthcare?
         1. Does it matter if the DDD Member is covered by DDD/ALTCS or is a DDD Targeted Member or a DDD “State Only” Member?
   2. Does Article 9 only apply if the Provider is under contract through the DDD Qualified Vendor Agency Provider Network?
   3. Does Article 9 apply in the DDD Member’s home or in the community if the individual interacting with the DDD Member is not being compensated with funds originating from DDD?

**Response**:

Article 9 applies to all programs operated, licensed, certified, supervised or financially supported by the Division and identifies behavior plan requirements for members who reside in licensed residential settings or have restricted techniques as part of their behavioral intervention strategy.

When the integration of physical and behavioral health services for DDD members occurred in October 2019, DDD became the financial supporter of behavioral health service delivery.  However, the Division does not have the authority to impose its rules on the Licensing and regulation of Behavioral Health professionals and/or Medical professionals. Licensing and regulation of BH and Medical professionals are handled by the Arizona Department of Health Services and not DES.

Due to the complexity and nuance of applicability, this further illustrates the importance of revisions and clarifications needed to the current Article 9. We greatly appreciate the opportunity for ongoing collaboration and support with the IOC to accomplish this shared clarification goal.

1. What are the exact DDD written Procedures (not the DDD Policy found memorialized in the DDD Policy Manual) including any forms, instructions, step-by-steps or any other written materials for DDD employees, contracted providers, etc. regarding DDD Members residing at the AZ State Hospital (AzSH or ASH)?

**Response**:

Individuals who receive services at the ASH are assigned a DD support coordinator.  There are no policies or procedures that are specific to members who receive support at ASH.  SCs follow typical procedures for all ALTCS’ eligible members, including conducting PCSP meetings, discharge planning, and identifying supports and services to support members to return to the community when clinically indicated.

1. Exactly which DDD written Procedures (not the DDD Policy found memorialized in the DDD Policy Manual) including any forms, instructions, step-by-steps or any other written materials for DDD employees, contracted providers, etc. are DDD Independent Oversight Committee Members and/or the public entitled to request and see? What is the exact language required by DDD to request written Procedures (not the DDD Policy found memorialized in the DDD Policy Manual) including any forms, instructions, step-by-step or any other written materials for DDD employees, contracted providers, etc.?

**Response:**

The process to request public records from any DES Department can be located here: <https://des.az.gov/how-do-i/request-des-records> DDD Independent Oversight Committee Members and/or the public should use this process to provide their specific request for records. All information is considered public record, with three broad exceptions:

Confidentiality – Disclosure is not required where prohibited by statute, court rule, or court order (e.g., social security numbers, court orders, etc.).

Personal privacy – Some records need not be disclosed due to an individual’s privacy rights (e.g., home address, telephone numbers, email addresses, racial background, age).

“Best interest” – Disclosure may not be required if the release of the record is not in the best interest of the state (e.g., the release would inhibit public safety efforts or place the State at a competitive disadvantage).

Requesters only have a right to a record:

* That is already maintained, and
* In the format in which it is kept.

Arizona’s Public Records Law does not require the State to:

* Obtain a new Record, or
* Create new report formats, or
* Convert a record to a different medium or format.

1. Exactly what information is being tracked by DDD and/or the AHCCCS Crisis System and/or First Responders (Police, Fire, Ambulance) including 911 and 988 (plus the AZ Crisis phone numbers) calls regarding DDD Members including those residing in Congregate Living (ICFs, Group Homes, Adult Development Homes, Child Development Homes, Supported Living Arrangements, etc.)? What is the exact language required by DDD and/or the AHCCCS Crisis System to request such information?

**Response:**

The Division’s Behavioral Health Administration receives daily reports by email from Solari Crisis and Human Services.  The emails contain a report with information regarding calls from members to the Arizona crisis hotline numbers as well as 988 calls that were answered by the Arizona call center.  The information is transferred to a spreadsheet for tracking and additional information is added to the spreadsheet from Division records to create a more comprehensive data set.  The information received from Solari Crisis and Human Services is as following: Region (Geographic Service Area), Health Plan, Assigned Provider (Client Self-Report), First Name, Last Name, Incoming Phone, AHCCCS ID, Date of Birth, Who Called (caller relationship to member), Who Called Name, Date of Service, Time of Service, Primary Reason for Call, Solari Contacted PD/FD, Interpreter Language Used, Acuity Danger to Self/Danger to Others, Acuity Psychiatric/Substance Use, Primary Call Outcome, Secondary Call Outcome, Tertiary Call Outcome, Dispatch Provider, Dispatch Team Utilized, Mobile Team Primary Outcome, Mobile Team Secondary Outcome, Mobile Team Tertiary Outcome.  From Division records, the following fields are added: District, Residential (type of residence), Support Coordinator, Support Coordinator Supervisor, Proper First & Last, Age, Age Group, Assist ID.  The Solari Crisis and Human Services report that is received is called “ACC Plan Daily Activity.”  The Behavioral Health Administration spreadsheet is called “Solari Crisis Daily Tracker.”

1. How many DDD Qualified Vendor Agency (QVA) Providers, DDD/ALTCS Providers, and other AHCCCS MCO providers (information reported by provider network):
   1. Have in-network Providers available to do evaluations for Augmentative and Alternative Communication (AAC) devices?
   2. Have in-network DME Providers available to provide Augmentative and Alternative Communication (AAC) devices?

**Response:**

**Program Transition — Augmentative and Alternative Communication**

Effective January 1, 2021, the Division transitioned the management of the augmentative and alternative communication (AAC) benefit to the Division’s subcontracted Health Plans, Mercy Care Plan, and UnitedHealthcare Community Plan. The Division’s subcontracted Health Plans continue to expand their network of Qualified Vendors for the AAC benefit. Each Health Plan submitted the enclosed list of in-network Qualified Vendors as of March 3, 2023:

**Mercy Care Plan:**

* *AAC Evaluation and Treatment Services* — Advanced Therapy Solutions, District Medical Group CRS, Northern Arizona University, Therapy One, and UCP of Central Arizona.
* *AAC/Durable Medical Equipment Manufacturers/Suppliers* — MedOne, Prentke Romich Co., and Tobii Dynavox LLC.

**United Healthcare Community Plan:**

* [*AAC Evaluation and Treatment Services*](https://drive.google.com/file/d/1ViI_1tIDxfduDkotvsLrwCKRh30R0tlM/view?usp=share_link)
* [*AAC/Durable Medical Equipment Manufacturers/Suppliers*](https://drive.google.com/file/d/1ViI_1tIDxfduDkotvsLrwCKRh30R0tlM/view?usp=share_link)

Effective April 1, 2022, the Division transitioned the management of the AAC benefit to the AHCCCS’ Division of Fee-for-Service Management (DFSM) for Tribal Health Program enrolled American Indian/Alaska Native members. AHCCCS DFSM allows any AHCCCS registered qualified provider/AAC/Durable Medical Equipment Manufacturers/Suppliers to deliver AAC evaluation and treatment services to fulfill AAC device/equipment to enrolled members.

Additionally, to ensure the continuity of care, the Division maintained its responsibility to administer all requests for AAC services and devices initiated before the AAC program transition on January 1, 2021. It is important to note that all requests for AAC services received by the Division through December 31, 2020, have been authorized. As of March 3, 2023, two (2) Division Qualified Vendors (Northern Arizona University and Therapy One) remain with authorizations to deliver AAC treatment services for the programming and modification of an AAC device system to four (4) members. AAC treatment services are authorized for 12 calendar months from the date of AAC device delivery. The authorization period for all four (4) members will end in April 2023. After April 2023, these members may request additional service units through their Health Plan if additional treatment services are needed.

The Division recognizes the importance of community engagement as a mechanism to hear stakeholder concerns, answer questions, and update frequently asked questions to ensure the smooth transition of the benefits management to the subcontracted health plans. The subcontracted health plans attended  Division town halls to hear firsthand information and respond to plan questions.

**Program Monitoring**

As part of the AAC program transitions, the Division implemented a comprehensive and successful Readiness Review process to ensure a smooth transition of the benefit. The Division implemented regular oversight and technical assistance to the health plans post-transition. The Division continues to review each health plan’s benefits management from prior authorization, timeliness, practice guidelines, and compliance with policies and guidance perspective. Since the transition of the AAC benefit, managing the benefit by the Division's subcontracted health plans has continued to be effective and timely for device delivery.

The Division continues to monitor the management of the AAC benefit by the subcontracted Health Plans and AHCCCS DFSM. Each Health Plan is required to submit a monthly AAC deliverable report. This deliverable documentation is reported to the Division as a supplemental template to the Grievance and Appeals Report and reviewed by the Division’s subject matter experts to review and analyze the data reported for augmentative and alternative communication.

Additionally, the Division added the following metrics to its health plan oversight dashboard, which is reviewed quarterly in the Division's Quarterly Internal Health Plan Performance Review Meeting.

* The total number of AAC devices delivered
* The percentage of AAC devices delivered in less than 90 days.

This Quarterly Internal Health Plan Performance Review Meeting also discusses identified trends with the benefits management.

The Division leadership team also meets quarterly with each health plan individually to review performance and discuss joint agenda topics. AAC was added and continues to be a standing agenda item for these meetings to ensure that discussion of any process/identified concerns is reviewed and addressed.

**Leah Gibbs**

**Bureau Chief/Administrator**

Office of Individual and Family Affairs

Division of Developmental Disabilities