

Friday, August 23, 2024 - 10:00 AM to 1:00 PM

Meeting called to order by Committee Chairperson, **Lisa Ehlenberger**. The date is August 23, 2024, at 10:00 am . **The meeting took place Virtually due to the desire of the committee to continue to meet only virtually**. No Physical location was requested to meet for this meeting.

### Attendance Virtually:

- Lisa Ehlenberger -Chairperson
- Eva Hamant
- Carolyn Willmer
- Amber Stock
- Mandy Harman
- Nicole Guysi
- Megan McCarthy

Attendance by Phone: None

Absent: Amber Stock

Public in Attendance: Phone Number

Guests: None

#### Health Plans:

- Ian Wilson (United Healthcare)
- Tyson Gillespie (Mercy Care)

#### ADOA and AHCCCS:

- Larry Allen -ADOA
- Fredreaka Graham (AHCCCS)

#### DDD:

- James Maio (DDD District Central Quality Assurance Manager)
- Patricia Sandino (DDD Program Review Committee Chairperson)
- Christina Hedges (DDD Office of Individual and Family Affairs Behavioral Health Advocate)
- Christopher Deere (DDD Policy Administrator)
- Joan McQuade (DDD Manager, Member Advocate, CARES Administration)
- Morgan O'Hara (DDD IOC Liaison, CARES Administration)
- Michelle Rademacher (DDD IOC Liaison, CARES Administration)



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# DDD District Central IOC Meeting -Virtual meeting - 2024/08/23 09:45 MST - Transcript

#### Attendees

+1 480-\*\*\*-\*\*15, +1 602-\*\*\*-\*\*51, +1 928-\*\*\*-\*\*13, Carolyn Willmer, Christina Hedges, Christopher Deere, Eva Hamant, Fredreaka Graham, Ian Wilson UHC, James Maio, Joan McQuade, Lawrence Allen, Lisa Ehlenberger, Megan McCarthy, Michael Johnson, Michelle Rademacher, Michelle Rademacher's Presentation, Morgan O'Hara, Morgan O'Hara's Presentation, Nicole G, Patricia Sandino, Tyson Gillespie, Mercy Care

### **Call to Order**

Lisa Ehlenberger: Okay, I apologize for the delay. So then I hear my call to order this regular meeting of the Des Independent, Oversight Committee. Today's date is August, 23rd 2024, and the time is 10:04, It's a regular meeting of the IOC, it's being held electronically and the meeting is being recorded and the transcript of that recording will be posted on the IOC website, in an effort to avoid excess background noise, and potential microphone feedback. Please mute your microphone, when you're not speaking and the host of the meeting commute But then you can unmute yourself when you would like to typically by clicking on the microphone icon, at the bottom left corner of your screen or elsewhere depending on your platform. Additionally, I've been asked to read the following statement.

### **Conflict of Interest**

**Lisa Ehlenberger:** Do we have anyone that has to disclose a conflict interest and if there is the committee member needs to disclose why?

### **Welcome and Introductions**

Lisa Ehlenberger: So if there's no conflict of interest, then we'll go ahead and go into introductions of those present in the meeting. My name is Lisa Ehlenberger and I've requested that the IOC members, just give a brief background of kind of what they have in their background that why of being a part of this committee? I worked as a school psychologist for many years in the state of Arizona and I am Guardian of a individual who is supported by the division and she lives in a group home and she is my cousin and she's 53. Now



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years old And did I give my name Lisa Ehlenberger? So I'm Morgan. If you can help me with the rest, I'd be great.

Chat Message: Tyson Gillespie, Mercy Care: Tyson Gillespie from Mercy Care OIFA

Morgan O'Hara: Absolutely Eva.

Eva Hamant:Hello I am Eva Hamant I have a fourty year old. I started out as someone with someone in school on the committee.

Morgan O'Hara: Thank you, Carolyn.

Carolyn Wilmer: Caroyl Wilmer. I have a sister in law who has passed away and she was a member of DDD. I am doing this in honor of her.

Morgan O'Hara: Thank you Mike.

Mike Johnson: Hi my name is Mike Johnson. I use he/him pronouns. I have been living in Phoenix for 6 years now and since then I have been working with DDD members in public and private schools. I have been working with behavioral health field as a behalth health coach. I am also in school to be a psychologist.

Morgan O'Hara: Thank you. Mandy.

+1 480-\*\*\*-\*\*15: I am Mandy Harman, I am a number of DDDs also a teacher here in the state of Arizona.

Morgan O'Hara: Thank you. We have, Christina.

Christina Hedges: Hi I am Christina Hedges I am the OIFA administrator

Morgan O'Hara: Thank you. We have Christopher.

Christopher Deere: Morning, Christopher Deere policy adminstrator

Morgan O'Hara: Thank you. We have Larry.

Larry Allen:good morning Larry Allen department of adminstration

Morgan O'Hara: Thank you. We have lan.

Ian Wilson: Ian wilson here with united health care community plan, veteran adovacte

Morgan O'Hara: Thank you, Tyson.

Tyson Gillespie: Tyson Gillspie MercyCare Health plans



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Morgan O'Hara: Thank And then we have some new potential members joining us. Today, we have Nicole

Nicole Guysi: Hi I am Nicole Guysi and I have a daughter who is a DDD member. I participate and volunteer in different capacities throughout the special needs committee.

Morgan O'Hara: Thank you and Megan.

Megan McCarthy: Hi I am Megan mcCarthy. I am a resident psychologist with levitan and socialicaly services. I have been able to work with many members across DDD, DCS and through AHCCCS for the last 10 years and most recently I have currently work with a lot of community members who have been diagnosed with autism and that is really what prompted me to be more involved with the committee and learn more about what services are available for our members.

Morgan O'Hara: Thank you and Michelle

Michelle Rademacher: Hi I am Michelle Rademacher, DDD Independent Oversight Committee Liaision withe CARES Adminstration

Morgan O'Hara: and I am Morgan O'Hara as the other DDD IOC liaison. There may be a few more people joining who will introduce themselves when they join.

### **Call to the Public**

Lisa Ehlenberger: I'm gonna go ahead, and if it's okay to move forward, I'd like to go ahead and go into the call, to the public Prior to a discussion of potentially going into executive session, to discuss could potential new committee members. So, I extended welcome to any member of the public attending this meeting of the DDD District Central Independent Oversight Committee. You're invited to make a comment, if you wish, but your comments will be limited to three minutes, and there will not be a discussion following your comments. Thank you for your adherence to this time. Do we have anyone from the public? That would like to make a comment?

**Lisa Ehlenberger:** Sounds like we don't have anyone in the public that would like to make a comment. I'd like to offer or reckon. Go ahead.

+1 480-\*\*\*-\*\*15: Yeah, I interrupt for one second. I had an appointment at 10:30 so we really quick.

Lisa Ehlenberger: Sure.

+1 480-\*\*\*-\*\*15: Do I have to help Allen that God will be that good before 10:30? It's like a fight appointment.

Lisa Ehlenberger: Are you?



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+1 480-\*\*\*-\*\*15: I just want.

Lisa Ehlenberger: Okay, are you leaving right now? Or can you wait five minutes?

+1 480-\*\*\*-\*\*15: no, no. Actually five minutes.

### **Executive Session**

### **Motion and Vote**

**Lisa Ehlenberger:** Perfect. Thank you so much for communicating that Mandy, then. I'd like to recommend that we as committee members go into executive session. This is typically what happens when we have potential new members, so Megan and Nicole. And it allows for us as a committee to kind of just Discuss. And in a private executive session. So I'd like to recommend do we have a motion to anyone to initiate a motion to go into executive session?

Michael Johnson: I can initiate a motion to move to executive session.

**Lisa Ehlenberger:** Do we have a second?

Carolyn Willmer: I second.

+1 480-\*\*\*-\*\*15: All. Yep.

**Lisa Ehlenberger:** Okay, it looks like Mandy Carolyn the second so we'll go ahead. I know for me I have to end my call here and then go into it through different link but Morgan did put the link for executive in the chat. So, I'll see you there.

Chat Message: Morgan O'Hara: https://meet.google.com/iwo-tdwx-wmi

pin=5411001589110

Chat Message: Michelle Rademacher: Executive Session: IOC Members ONLY:

https://calendar.google.com/calendar/u/0/r/eventedit/OHFqbWxtMjhrM2J0ZmpsbHJmbmw0YTl2OG5fMjAyNDA4MjNUMTgwMDAwWiBtcmFkZW1hY2hlckBhemRlcy5nb3Y

**Executive Session started: 10:10am** 

**Executive Session Ended: 10:16 am** 



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00:10:00

### **Motion and Vote**

**Lisa Ehlenberger:** Okay, so if Nicole and Megan, if you are in agreement we'd like to make a motion and extend a Welcome to yes, Michelle.

**Lisa Ehlenberger:** Okay, we just need somebody to make a motion. Do I have anyone that would like to make a motion to accept? I believe, is the wording except Nicole and Megan to be new members of the Independent Oversight Committee District Central.

**Michael Johnson:** This is Michael, make a motion to accept to new members to our District Central, IOC Committee.

**Lisa Ehlenberger:** Do we have a second?

Eva Hamant: Eva seconds.

Lisa Ehlenberger: Eva seconds, and then all members in favors I, And any opposed May or...

Carolyn Willmer: I,

**Lisa Ehlenberger:** Okay, so it is official, Nicole and Megan, you are now part of the IOC Committee and we hope that you will be with us for a while.

Carolyn Willmer: Okay.

**Lisa Ehlenberger:** And that also means that at this point in time, you can participate in our discussions, you have voting ability as well as next. We'll likely go into executive session, later in the meeting, and you also be able to join us in executive session is full members committee members. So awesome.

00:15:00

### Policy Q&A

**Lisa Ehlenberger:** Thank you so much. We really need you. And I mean, we're really appreciative of your willingness to volunteer for this super needed group of individuals. So we'll go ahead and go on to the agenda items. I think for IOC purposes. We have Christopher here, still correct policy admin.

Christopher Deere: Yes, ma'am.

**Lisa Ehlenberger:** And I think this is Eva's baby so I'm gonna kind of pass it on to Eva or maybe we can kind of go over what our attempt at making a motion last month. It sounds like maybe needed to be more of



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discussion, to determine what it exactly is that we were seen when we were reading the policies and how it could be a little bit more user friendly and reader friendly. So that's why we kind of focused on it because Eva's been reading all of the early notification policies. I've only been reading a few here and there but because there are a lot we created a subgroup subcommittee in the past to discuss in a small group, the policies and the questions we might have had on them. So Eva I'm gonna pass that on to you.

**Eva Hamant:** I guess part of what my issue is, is Sometimes in the early policies, they have the responsible person and then they have the Arizona code and then in other policies, they have the responsible person and they have it all. Spelled out. Sometimes with the Arizona code at the end and sometimes without and then one of the issues was with the behavioral health facilities and behavioral, health residential settings, one of them, had the Arizona codes and the other one had what they were actually spelled out. So, it's just sort of like And nowhere. in any of the policies do they have support coordinators? Everything gets dumped into one policy. I'm sorry I can't find my notes from July when I was on vacation. It's not in my thing but the responsible party is I'm not Support coordinators not ever. Defined. no,...

Lisa Ehlenberger: Defined.

**Eva Hamant:** I mean it's like everything refers to I think it's 9:21 something Same thing wherever responsible person is, that's the same place. It seems to be that is all for everything every kind of definition and even in What was it? Supported. It's not supportive custom. It used to be supported. The minimum wage place, whatever that is. Yeah. So anyway,...

Christopher Deere: support employment.

**Eva Hamant:** that is never defined in any of your policies. So if anybody wants to know what that is. Yeah. they sort of define you the criteria for how long you can be there, blah, blah, blah. But they don't tell you what exactly that is nowhere. Is that defined? And that's part of my problem was reading these early policies is sometimes you refer to A And there's going to code.

Lisa Ehlenberger: Supported employment.

Lisa Ehlenberger: Statute.

**Eva Hamant:** and I said, I'm reading this and I said Does that mean I have to stop and go. Look at the thing, I mean, especially the one on, I can't even remember the behavioral health and then in the cares act, they had the behavioral health Facilities, And so it's just like Can't you? I mean, why do you have to read one policy and then go hunt at someplace else and another policy is defined and that's my, that's my confusion

**Lisa Ehlenberger:** Yeah. So Christopher is there a reason why some are referred to as the state statute? you're reading a paper and so my confusion with it is like okay maybe there's a reason behind not having this statutes written out when reference



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Christopher Deere: so, the original thought behind that was that If we just put the statutory reference then when the statute changes, if it ever does or they make modifications that in the statute, we do not have to change the policy because it will still refer to the same place. That being said We did here. I got email message from. I don't remember. It was turning. Somebody didn't care, cares act? I don't remember if it was your Liasion or somebody else with this comment and so we are in the process where it's In making changes Spell out. What's in the statute and then put the citation at the end.

00:20:00

**Christopher Deere:** There was some confusion when we first started implementing that which you may be bumping into with some of the early notifications because I Went on vacation, After I told everybody what to do and they didn't do it exactly the way I told them to. They didn't necessarily go wrong...

Lisa Ehlenberger: Okay.

Christopher Deere: but it's not the full picture. So that might be why you're seeing some that are just some of the definition, and some citation still and just fair, warning over the next few months, you may still see some of that as Fixing things, but in the future, we are going to start. Wherever feasible, as long as it's not gonna take up 12 pages of something for a single definition.

Lisa Ehlenberger: Of course.

**Christopher Deere:** We're going to spell out responsible person will pull that definition over and still put citation. So if you need to see it or to fact, check us, you still can But you can add some clarity to that.

Lisa Ehlenberger: Perfect.

**Christopher Deere:** Some of the place. I think that's it. Okay. is there another part of your question that I missed, man?

**Eva Hamant:** I just wanted to know if you ever corrected going back So when they talked about electronic monitoring and they got down to a restitution you referred to policy 600 and policies. 600 was eliminated and restitution got put into policy 200 and so I was wondering if you ever corrected that electronic monitoring policy because where you refer to that policy doesn't exist anymore. Because you move restitution to 200.

**Christopher Deere:** So I may be the wrong person to ask about. Different pieces of a specific policy. I'm not that close to the policies to be able to speak to that when you're talking about electronic monitoring, are you talking about the cameras in the group homes? Or you're talking...

Eva Hamant: Yeah.



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**Christopher Deere:** So I do know, there's a new version of that rolling forward right now, so I don't know if it's hit you guys yet, but I believe it was in our PRT last week. So if you haven't seen it, it should be coming your way here soon to review.

Eva Hamant: Okay.

**Lisa Ehlenberger:** So what I'm hearing is that there might be a possible early notification in regards to electronic monitoring and Chapter 200 or...

Christopher Deere: Right. In the near future.

Lisa Ehlenberger: 200 versus 600 etc.

**Christopher Deere:** I think we did in PRT last week, I can't tell you exactly what the changes to the I wasn't prepared to speak to it. I apologize.

Lisa Ehlenberger: Okay.

Christopher Deere: I can't tell you exactly what the changes were or if they're going to address your concerns. But if they don't, then you need to let us know so that we can take it back to the drawing board and try to fix it or let you know why we're not going to

**Eva Hamant:** We did it in. I made the comment and when it was open for public college. So I submitted the IOC's comment that it needed to be 200 instead of 600

Christopher Deere: Okay.

**Lisa Ehlenberger:** Yeah, we made a motion a few months ago.

Christopher Deere: I appreciate.

Lisa Ehlenberger: I believe. I'm not, right? Eva and then you carry,...

Eva Hamant: yeah, and I

Lisa Ehlenberger: you took the action for us.

**Christopher Deere:** And I did just make a note. So I'm going to be going back and double checking after we're done here just to make sure that that's been fixed and if not

Lisa Ehlenberger: Okay.

**Eva Hamant:** since I got you and I know this is off whatever but one time we got an early notification on Policy 100 and it had definitions in it and it had IOC in it and we were really unhappy because it said we developed and monitored And implemented,...



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Lisa Ehlenberger: And implement.

**Eva Hamant:** behavior, treatment plans. and then all of a sudden that policy disappeared and the new policy did not have definitions in it and it didn't include IOC. And I just was wondering whatever happened to that. Early notification of policy 100 and how instead of having definitions it became something else because whatever it became, we never had a notification.

00:25:00

Christopher Deere: E, sorry so I can speak.

Eva Hamant: We never had notification of

Christopher Deere: So you're talking about from the Behavior Sports manual, correct? Yeah.

Eva Hamant: I think so.

Lisa Ehlenberger: I think so.

Christopher Deere: Because I have another policy 100. That's how it tells me how I do my job. I think that's a different policy than you're talking about and it didn't have IOC in there. I can speak to that a little bit better. So those did go through early notification, And Mary DeCarlo would be the perfect person to ask about it, but she's not here we did go back through and make changes based on the early notification. There were a couple of them that had substantial changes that were, if they have not come to you already or early notification. A second time, there should be soon. And we're holding all the rest of them back until we have the full package completed and can publish them all together. So there was two policies that still need to be looked at by you All and potentially the public if they're not already in that process. So you're looking at probably a couple months still before the entire package gets published unless there's other problems that folks see and we need to still do some more rework.

Eva Hamant: thank you because I thought I was crazy because I tried to have people. Yeah.

**Christopher Deere:** No, you're not and we did and I do because I was doing a lot of the entity and on those particular documents we did adjust the IOC definition. Based on the public comment.

**Eva Hamant:** thank you very much and I was so thrilled that there was not a ton of them that came and In August.

Christopher Deere: hopefully, it may start slowing down a little bit. We were on, kind of a heavy stretch. Trying to Make sure we had our ducks in a row for our Operational Review from AHCCCS. So they've been cranking out policies like Crazy. The last six months, it should slow down to a more To a calmer fashion, beginning spending, but just fair warning. There are some rules packages. You may have already gotten one of them, I believe you did on Article 14. There's some rules packages that are coming out for. Early



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notification and there's going to be progressively coming out. Two, three late this year. Those are usually lengthier documents. So, nothing quite as extravagant as Article 9 but There are some that are coming your way.

**Lisa Ehlenberger:** thank you for the forewarning. Keep an eye out. are there any other committee members that have any questions for Christopher on policies? If you haven't seen the policy early notifications, Nicole, you might be familiar with them since you probably received those emails, but anyone else have questions for Christopher today,

Eva Hamant: I want to say thank you for coming and clarifying that things.

**Christopher Deere:** I appreciate your interest in our policies. So I mean you guys can help us make it a better product for the public also. So we need your voice. I'm

Lisa Ehlenberger: Thanks. Carolyn.

Carolyn Willmer: I had a question, this may not be the right place to ask it. But I'll just ask. So I've been in a few PRC meetings where the medication review in the person-centered service plan is not a complete list of medications and the medications that are not being included, are prn meds. and when I ask about it staff say, we don't have to include it because it's a prn medication. I find this extremely concerning. So I was wondering where I could find the policy on what medications should be included in the pcsp medication review.

Christopher Deere: I'm not gonna be able to answer that just off the cuff. I unfortunately...

Carolyn Willmer: Okay.

**Christopher Deere:** if you want if you want to have somebody send the question to us, we can either respond to it or we can get one of both medical management, which is probably the more appropriate place to be asking to respond.

Carolyn Willmer: Okay.

**Lisa Ehlenberger:** So Michelle Morgan maybe help me out on this. Is this something that we would need to make a motion to request from the policy team is, or is this something that can be requested without a motion? Yeah.

Carolyn Willmer: I can just send an email if that's okay.

Lisa Ehlenberger: Is that okay? Michelle to Carolyn would just send an email to you and Morgan?

Michelle Rademacher: Yeah that is fine. The committe isn't proposing an action and is just seeking information.



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**Lisa Ehlenberger:** Okay. Information.

00:30:00

**Lisa Ehlenberger:** Okay, and Carolyn when I liked the way you worded that, you were to that real perfectly when you let into it, if you can see me on that, that would be great or blind, copy me...

Carolyn Willmer: Yep.

**Lisa Ehlenberger:** if you want. Okay, so if we have no other questions or comments, for Christopher, we can move on to the next agenda item, is there anyone else that has a policy or question for? And thank you again, Christopher for joining us.

### **DDD Staff Updates**

Lisa Ehlenberger: So, I think we could go on to DDD staff updates.

Morgan O'Hara: Christina could you go ahead and start those off for us?

Christina Hedges: I knew you were gonna start with me Morgan and yet, I'm still not quite prepared. So give me one second. I turn my camera on and turn my light on and everything. Hi I hope everyone's had a great day so far just a few updates that we have going on here at DDD. We are continuing our positive behavior support training. We're continuing to roll it out to direct support professionals and caregivers and families across the state. Our latest numbers are showing that we have had over 7,000, direct support professionals and trainers. Complete the training. We are currently seeing a 22% increase in knowledge. What that means is everyone that is coming through. The training is taking a pre-assessment before they take the training. And then up close assessment after they take the training and when comparing the two we're seeing that people are gaining 22% increase in what they are learning. We also are distributing a survey afterwards that is based on a scale of one to five. That is really looking at the applicability and satisfaction of the training and with five being the highest, we're seeing an average of 4.67. So people are not only learning a lot but feeling that the training is really applicable to their jobs or their daily life and also feel like it's enjoyable. so we're really excited to see that progress and to see the numbers of trained staff and families continue to grow. We also have coming up in September 5th, 6th and 7th. Our second bridging, the Gap Conference, which is our conference. That is part of the American Rescue Plan Act that we are doing. That's aimed at behavioral health providers to learn how to better support the DDD population. like I said, that's September 5th, 6th and 7th in Phoenix at Desert Willow Conference Center. And then finally, we are Working on finalizing the agenda and just this week, open the registration for our Second Annual Self Care for Caregivers conference. We held our first Self Care for Caregivers conference last year and we had such positive feedback. That not only are we doing it again, but this year we're doing it Tucson. And in Phoenix, the Tucson Conference is going to be held on October 3rd and the Phoenix Conference is going to be held on October 16th and I can send the links or Michelle and Morgan's in the links out to all of you for all of that information and you can register if you want. Does anybody have any questions for me?



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Lisa Ehlenberger: What was the conference again? That's in Tucson on October 3rd.

**Christina Hedges:** It is the Self Care Caregivers Conference. So it's anybody who is a caregiver for a member who's enrolled in DDD, and just really learning how to prioritize yourself. Because as we know, you can't care for somebody else. If you're not caring for yourself first, Caregiver burnout is real. So

Lisa Ehlenberger: Eva.

**Eva Hamant:** since you're doing all this positive behavior training, and Arizona nine. 21-204 the first thing is what other least restrictive measures were tried and unsuccessful. And I was wondering, have you ever reached out to Ash to see if you could train the caregivers of the ash members on some positive behavioral supports

**Christina Hedges:** That is a fabulous question. And I will be honest, I do not know if we have reached out to Ash to train on that. I definitely can circle back around and find that information for you, Lisa.

Lisa Ehlenberger: I think that would be. A great recommendation for ask caregra caregivers.

Christina Hedges: Yes, after the Arizona State Hospital. Yep.

Lisa Ehlenberger: So Christina did you say that you're going to follow up on that? Okay.

**Christina Hedges:** Yeah, I'll look into that and either bring it back to you next meeting or if I can find the information before. I'll have Michelle and Morgan email it out. Whichever works out better.

Chat Message: Michael Johnson: ASH is the state hospital right?

### 00:35:00

**Lisa Ehlenberger:** Yeah, think especially I mean I was a In that meeting, I believe last month. And I think they would really benefit from that.

Chat Message: Michelle Rademacher: Visit the Self-Care for Caregivers web page for more details and to register.

Chat Message: Michelle

Rademacher.https://des.az.gov/services/disabilities/developmental-disabilities/current-member-res ources/self-care-for-caregivers-conference

**Lisa Ehlenberger:** Okay, we'll go ahead and carry on if there's no other questions or comments for Christina. Thank you, Christina.

Morgan O'Hara: And I think our other DDD staff that we have with us is James.



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Morgan O'Hara: you're muted, Lisa.

Lisa Ehlenberger: Hi James.

**James Maio:** hi, so I don't really have any updates right now, other than I have a a nurse investigator out on FMLA for until November but right now we're doing okay covering. And no other issues that I need to update to you guys on.

Lisa Ehlenberger: Okay. Eva.

**Eva Hamant:** I just wanted to say that. Having the names it deleted. makes it really hard reading IRS and maybe somebody can refresh me on why we had to get rid of names. But, in the past, Some of the commending members read Open IRS and I read clothes IRS. And it turns out and sometimes different members fall their IRS far and fall into different categories. so by having The first name we can and looking at the support coordinator to see if it's the same member. We can. As make a more informed to help the member Because of knowing the names of several members, we have helped people to improve their lives because, doing your investigation for this IR didn't necessarily connect with the investigation with this one. But putting them together, their quality of life improved tremendously. And so therefore, I have a real problem of not seeing the IRS.

Lisa Ehlenberger: For names.

James Maio: I can definitely appreciate that, but let me assure you.

Eva Hamant: For, ...

James Maio: I did not make that decision. so,

Lisa Ehlenberger: Yeah.

James Maio: I think you're gonna have to Michelle might know what the discipline that were the decision.

We

Lisa Ehlenberger: And it was from my understanding. It was a HIPAA reason go ahead. Michelle.

Michelle Rademacher: Yes, the change was made because we were violating HIPAA by providing any part of the member's name. Which is their identity, as well as their family members. Where do they go to school? Their address? That is all Health information and it must be protected and the Arizona Statute for the IOCS, it does specifically cite that in Believe it's Section. K of Arizona, revised Article 41 3804. And DDD was in violation of that article which is Arizona Law.

**Lisa Ehlenberger:** Okay, and then the other thing too just to remember Eva and I think that maybe Morgan and Michelle can speak on this path there Frederica, I don't know if she's here but That new portal that we're all going to be transitioning to look at IRS. It should have an ability for us to see IRS on one individual



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member. Without the names. So I mean that's something that we haven't had in the past so to me. It sounds like this new portal might help us To group all IRS for one person, without knowing their name. Go ahead Michelle.

Chat Message: Michelle Rademacher: ARS 41-3804 https://www.azleg.gov/ars/41/03804.htm#:~:text=41%2D3804%20%2D%20Independent%20oversight%20committees,information%3B%20immunity%3B%20violation%3B%20classification

**Michelle Rademacher:** In addition to that, in your reports, you receive monthly from the liaisons. We do provide you a doubt of report that's taken for from our incident management system. Which is where all of our incident reports that we provide, you come from And that report has we assign a numerical number for each member, and it will give you the incident trends individually for each member separately and each month. That number if it's member number one, then if they have incident reports monthly, then next month, you'll find member number one report in September as well with all of the incident data for that member, just not their name.

00:40:00

Michelle Rademacher: Did you notice those reports? I'm sorry, you're muted.

Eva Hamant: Up, I guess Last month I was on vacation and it's sort of hard to remember when I was on vacation and what was discussed. And so the biggest problem comes in is even though you have the data and the problem comes in as You don't really see the incident that you have questions about So right now we have not seen any responses to these blank people but maybe what would be nice is if we get the response with the numerical number? so that we can see the trends with the IR that we were having trouble with It just seems like somehow or another. I realize that you went to great length to have these numbers and all that other stuff and I will have to go back and look at the IRS differently. I mean your data but on the same token, it's still confusing when Because I've been closed IRS. And so what happens is my question isn't one of my issues this month was people that set on the ground in the heat and they did not take them through the hospital just to deal with their second degree burns. so since they did not invest dedicated because they didn't think it was any issue and my issue is there's been stuff in the paper about people, landing on the sidewalk going to the hospital, Why aren't our members going to the hospital for second degree burns when they sit on the sidewalk or put their hands on the sidewalk or whatever

Lisa Ehlenberger: and eat Eva maybe do you have that IR number not to discuss right now...

Eva Hamant: And so

**Lisa Ehlenberger:** but when we go into executive session can you try and find so that we can Discuss it. Okay.



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**Eva Hamant:** I can't find that but you know what I mean. so that's my issue is. I mean it was not tragic enough to bring to the meeting to take up time but on the same token. The issue It is tracking this stuff. You don't....

Lisa Ehlenberger: Yeah, and...

**Eva Hamant:** I mean, not that I want, but it was less intrusive to talk about than some of my other IRS that I ask questions about.

**Lisa Ehlenberger:** So Eva Michelle has a rate. Her hand raised and I'd like to kind of maybe put this subject on in a parking lot after Michelle makes her comments. Because I know that there are going to be changes to how we look at IRS. And I think that if we come up with solutions now for issues reading IRS, it might be a different story when we change to the portal in a month and a half. according to my understanding, Michelle. Sorry.

Michelle Rademacher: that's and I really appreciate that. do you have your own tracking system and the questions that you have and The changes that we've have made it difficult for you to track the way you used to. I think I'm hearing that when you submit your IR comments, that you would like and identifier number to go with those IR comments, so that it helps you with your tracking. Is that So we'll look at that Morgan and I will put our heads together. We'll look at that. And look at our current spreadsheet. We have for that coding for the members and see if we can do that as well. In addition to that, if you wanted to meet with me and talk about the data sheets individually, I'm perfectly open to do that too. And we'll send an email out and let you guys all know about. The addition to the question sheet, The IOC liaisons can formulate, as we already started our formulation of unique, non-identifiers for the members, but it would give you a number that you could use for your IRS for those members as well in your IR questions and comments to help you with your tracking, okay?

### 00:45:00

**Lisa Ehlenberger:** So basically the members will have a non-identified number that's not related to their person but something that we would be able to see and that number would stay consistent throughout the IR reports. Okay. Thank you.

**Michelle Rademacher:** We've already started that system with the metadata reports and we can carry that right over to the I don't see why we can't carry it over to the IR questions and comments for quality. So that when you get that back you have something to identify that with

Lisa Ehlenberger: Great. I think that would be great and then James has his hands up.

**James Maio:** I just said since you were gonna park in lot, the rest of that. I just had one other thing I guess to let you guys know about. So on Monday, they started a new designation. They have specialty units and support coordination. Those specialty units are identified in the system under a new district code called DZ



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The issue. since that's a statewide unit, it doesn't correspond to any geographical data. So a member could be in DZ and be in Tucson. Remember, could be a DZ and be in Flagstaff or in Phoenix or what have you. So that was going to make a big impact on QA. So we had to reach out and they are going to over the next through maybe up to three weeks. They're gonna move all of those DZ individuals back into their geographic districts and they're going to assign them out by a different designator in our cost center tracker. So it should fix but over the next three weeks, there may be an issue because The DZ unit, includes behavioral health, which may or may not know corresponds to a lot of incidents that we receive through is for members that are receiving behavioral health services through the specialty units. But it should straighten itself out after about three weeks. So, Hopefully, you guys probably won't. You guys? May not even see it? it should be fixed by the time you get those next month's. Because it only started on month, it only started on Monday. But we have been impacted by it because we have to manually identify where geographically each of those members are and then assign it to one of the five districts because we don't have any statewide units and we don't want to send nurses to do health and safety from Tucson to Flagstaff or, opposite. So we are getting it fixed. It just wasn't thought of at the time that they were developing these specialty units how the other support units would affect them.

**Lisa Ehlenberger:** Okay, so basically what I'm hearing you say that there might be some IRS that will be from all over the place. In the next, No.

**James Maio:** You should not get those because we're going to get them fixed so that they are going to the right geographic district.

Lisa Ehlenberger: Okay.

James Maio: But It is, yeah.

Lisa Ehlenberger: It sounds like that was a dilemma for you that sounds like it would have been messy.

Lisa Ehlenberger: Okay. Okay. Thanks. So Carolyn did you have a question? okay, I think...

Carolyn Willmer: No.

**Lisa Ehlenberger:** if there's no further questions and anybody have any other questions in regards to the subject for either Michelle or James,

### **Updates from ADOA**

**Lisa Ehlenberger:** Okay, so then we'll go ahead and move on to updates from Adoa. And I'm not sure if Larry got back on yet or

+1 602-\*\*\*-\*\*51: Good morning. Can you hear me? Okay? All right.

Lisa Ehlenberger: Yes.



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+1 602-\*\*\*-\*\*51: Sorry my camera would not connect so I had to call in. I do...

Lisa Ehlenberger: No problem.

**+1 602-\*\*\*-\*\*51:** I do not have any updates from ado, just this month. Any questions or concerns? That I could try to answer for the group.

**Lisa Ehlenberger:** I don't have any questions at this moment. I think we have annual report listed on our agenda and I think you guys are collecting that information for me. I'm not sure if I've received the data yet, They may have.

+1 602-\*\*\*-\*\*51: Okay.

**Lisa Ehlenberger:** No, I haven't. Thanks this when you guys can send it to me. That'd be great. Okay, thank you. Any questions from any other members? For Larry's, kind of like our liaison through Adoa.

00:50:00

### **Updates from the Integrated Health Plan and AHCCCS**

**Lisa Ehlenberger:** Okay, no questions. So we'll go move on to the integrated health plan and AHCCCS any updates.

Lisa Ehlenberger: They saw a couple of them meeting.

**Ian Wilson UHC:** Yeah, Ian here from United Healthcare Lisa. No updates from United Healthcare, but I'm happy to take any questions back to the plan.

Lisa Ehlenberger: Eva has a question.

**Eva Hamant:** I just need to ask my husband does the stuff for the ucard, for those Over the counter benefits and one time during the summer you could get extra money. If you did 30 minutes of exercise, are they still running that program? And you have The right. Email to get into that because they bounced his account. Or did that program stop?

lan Wilson UHC: As far as I'm more Eva, that's still in effect. If it was happening over the summer, I'll double check and get back to you about the email address. I'm not 100% sure. I don't work with a u card by often, to be honest. But let me get your email and I'll send over what information I do have In fact,...

Eva Hamant: Thanks.

Chat Message: Eva Hamant: hamant2@msn.com



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lan Wilson UHC: can get it from the Google invite.

**Lisa Ehlenberger:** And anyone else within any other member or committee members with questions for United Healthcare.

Lisa Ehlenberger: Okay, so we'll go move on to updates from the DDD IOC liasions.

Tyson Gillespie, Mercy Care: Mercy care here real quick.

Lisa Ehlenberger: Okay. Sorry.

**Tyson Gillespie, Mercy Care:** Yeah, jumping in. Wendy is at a training today. Definitely do you want to promote those conferences that Christina brought up the Self Care conference? That it's being hosted in the Phoenix area in mid-October? Definitely what folks there mercy care is also

Tyson Gillespie, Mercy Care: offering a training for a community and providers on family support, and what that sport looks like and how folks can engage With the family, run organizations across the state. Also, we have a Number advocacy, Council at our plan and we are wanting to have folks who are they themselves a DDD member or a family member so they can help give input to our plan. That is a monthly meeting. I can send more information. If folks are interested and Really excited. I talked to The only fat administrator at United and also Christina from the division and the mco's. And the divisional EVA teams are looking at just meeting on the kind of a regular basis every six to eight weeks to make sure we're all collaborating and supporting members that we worked with. the last thing is, Coming up, we will be having some additional trainings around peer and family support by the end of the year and definitely want members of the IOC or other folks to attend those to just learn more about beer and family support. I can make sure that Wendy shares that when she attends the September's meeting,

**Lisa Ehlenberger:** And is it possible for us to get an email with the information on the Mercy care, member advocacy, that meets monthly as well as the upcoming training on family support? Conference.

**Tyson Gillespie, Mercy Care:** So what I'll do, I will drop in The family support meeting or training, that's coming up in September and also will drop our OIFA. Links that has information about the member advocacy committee in the chat.

Lisa Ehlenberger: And then the family and support conferences that you mentioned as well.

**Tyson Gillespie, Mercy Care:** I believe in the chat, I saw someone drop the link for the self care conference. If not I'll drop in. Yeah.

**Lisa Ehlenberger:** Okay, okay, so those are Got it. And then just so a new members know in our committee members know, Michelle and Morgan will actually capture all of the chat and email it to us. Correct. Michelle and Morgan



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**Lisa Ehlenberger:** So for members we don't need to quickly, write those chat things down and it helps us to have that information to reference back to So, thank you guys for that. That's really appreciative. okay, I'm any other questions for Any other health care?

Lisa Ehlenberger: Or AHCCCS updates.

Lisa Ehlenberger: Okay, so, back to the next, agenda item. DDD IOC Liasion. Patricia has her hand up. I

Patricia.

Lisa Ehlenberger: No, not yet.

Lisa Ehlenberger: Yeah, that's number nine on the agenda. Thank you, Patricia.

**Lisa Ehlenberger:** Frederica, raise your hand.

Fredreaka Graham: Hey, I'm just really quick.

Lisa Ehlenberger: Hi.

Chat Message: Tyson Gillespie, Mercy Care: Mercy Care OIFA Virtual Lunch and Learn - Join us for an interactive training session on Family Support Services. Learn more about the services and meet a couple of providers we support. Family Involvement Center and NAMI will be a part of the presentation sharing their services and how to submit a referral for services at their organizations.

https://events.teams.microsoft.com/event/ab2314b0-1bc4-40ec-abff-d8e2dcb51a38@fabb61b8-3a fe-4e75-b934-a47f782b8cd7 Monday, September 23 - 12:00pm-1:0

Chat Message: Tyson Gillespie, Mercy Care: https://www.mercycareaz.org/committees.html

Chat Message: Tyson Gillespie, Mercy Care: i do need to jump off thank you for the invite

Chat Messasge: Nicole G: Stepping away just for min

**Fredreaka Graham:** I wanted to give you a quick update regarding the portal. So what I have? Kind of gathered the information, it appears that it's going to be the same portal. That is currently used with the exception of a few different. I guess items that DDD had to requested. So I didn't get a whole lot of feedback on it, but the portal is in use obviously by all the other IOC committees that do currently have AHCCCS to the portal. So I was told that there's not a whole lot of change to that. But there's just a few I guess different workflow items that were requested, that better being processed. So there's no information that can be used



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at this. No information that can be changed because it's already in place. And from what I'm also told us, I still will be Training everyone that will gain AHCCCS to that portal when that time comes. So that's the feedback that I received when I reached out to Over at DDD in regards to the portal. So I didn't realize that it was exactly the same. I was told that there were differences in the very beginning, so I guess that's not the case. So that's pretty much all the feedback that I have on that.

**Lisa Ehlenberger:** So I have a question for you does that mean that? I know we discussed in a meeting previously. I don't know if it was June or July. We discussed some items that might be accessible through the portal which would be like us being able to put date ranges and...

Fredreaka Graham: Yes, all that is the same.

Lisa Ehlenberger: So that's something that we'll be able to do

**Fredreaka Graham:** Yeah, because that's currently a function in the portal, so that's not going to change for you all.

**Lisa Ehlenberger:** Okay. And then the other thing was that without having names, of course we would be able to somehow categorize IRS based On one member and say, Okay we want to see all IRS on this number from the last six months.

Lisa Ehlenberger: Great, great.

**Fredreaka Graham:** That's correct because that also is a function in the portal currently so that didn't change for you all.

**Lisa Ehlenberger:** So Okay, so once we get trained on it, we'll be able to kind of do those things. And I think that'll be really nice just because it'll allow us to focus on as I are reading IRS like one member at a time and really see trends or potential trends, Okay, we'll keep our fingers crossed We'll have access to that. I'm excited about okay, thank you for the update Federica.

**Lisa Ehlenberger:** Okay, any questions in regards to that?

### **DDD IOC Liasion**

Lisa Ehlenberger: no, okay, so we'll continue on to updates from DDD IOC Liasion

Morgan O'Hara: Yeah, so to continue on with your trend of presenting, the incident report data. For the month of July, the committee members were given a total of 750 incident reports in the shared drive. This included 48 open and 702 closed reports, there were 22 questions. Submitted to the Quality Assurance Manager in the month of July. the committee also received an email with answers to questions from 6, 2024 in July and a copy of that response is also drive in the folder labeled Questions. The next DDD IOC Quarterly Statewide. Chairs meeting is scheduled for October 2nd at 5:30



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**Morgan O'Hara:** And then the next DDD public Town Hall meeting for members. Families and providers will be held on Thursday, September 5th from six to eight DDD will present updates and announcements for the public through this virtual meeting. And that is my update.

Lisa Ehlenberger: Awesome. Thank you, Morgan.

Morgan O'Hara: Yes.

**Lisa Ehlenberger:** And then I can't remember. Does the public town hall? Is that the same link each month too? Okay, and...

Morgan O'Hara: Yes, I believe.

Lisa Ehlenberger: and Michael had his hands up. I had ever had his hand up. Excuse me.

Michael Johnson: Just that those from just District Central are all of the districts. Okay. Perfect.

Morgan O'Hara: That is just District Central

Michael Johnson: Thank you so much for providing

Lisa Ehlenberger: okay, and then anybody else have any questions in regards to that? And then just too. So everybody knows October 2nd, The statewide anybody can attend that's an IOC member. So I mean you will or even I think public, I guess so we'll maybe discuss that a little bit more in September. It's great. It's nice to just listen to the statewide information and gives it allows for us to kind of Learn a little bit more about what these IOC committees, do statewide, and maybe the issues that they're having, or that we might have together or less, or successes, whatever. just thought, I'd let you guys know. If you have the opportunity to attend the October 2nd 5:30 pm statewide, It would be great. Okay, we Michelle. Did you have any update or

**Michelle Rademacher:** No. I just wanted to let you know that we did start pulling in another incident category to add. Unfortunately that's more IRS for you but you're not missing any information at all. You'll find the community category is now included in your reports. And then to speak to what James was talking about with the specialty units. On Monday, we did identify the Z. But we also have identified, the specialty units for what he was speaking of for the early intervention is as well as and there's an SE specialty unit. With the exception of Z, those all have District, designations. So we are pulling those reports and adding those specialty units to the Independent Oversight Committees review. Within their specific district.

**Lisa Ehlenberger:** Okay, I have a question. So when you say se slash early intervention, I mean, I'm thinking immediately special education, and don't Think that's what it is. What is the SE stand for?

Michelle Rademacher: I don't know, I didn't know. And so that's a good mystery.



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Lisa Ehlenberger: Okay.

Michelle Rademacher: I know early intervention so as I don't not sure. it's

Lisa Ehlenberger: James or does anybody else know what the SE is?

James Maio: For early intervention.

Lisa Ehlenberger: She just said the specialty units and that will be receiving this I think Ir.

**James Maio:** So the specialty units are actually just DDD only targeted and behavioral health is in the specialty, unit and early intervention, is just those members that are eligible through the early intervention program. I believe it's zero to three and at risk for developmental disabilities.

Lisa Ehlenberger: Yeah.

**James Maio:** And again although they have about We have about 6,000 early intervention members. They actually ...

Lisa Ehlenberger: Through Azip.

**James Maio:** through a zip but they generate very few incident reports for you guys to review. They're mostly all in family,...

Lisa Ehlenberger: Okay.

**James Maio:** they receive risk services, but generally because there's all supervised by family. We have very few incidents that occur, in the homes and then the other one is state operated services, has their own specialty district and that is just for the Coolidge program and that will be integrated into District East.

Lisa Ehlenberger: Okay, and...

James Maio: So again,...

Lisa Ehlenberger: then so

Chat Message: Michael Johnson: Social Emotional?

James Maio: they're gonna put them all back to again, a geographic designation, which is just going to be the five districts and they will have a separate designation for what unit, they're attached to, that way, it doesn't matter whether they'll always be in a geographic district and then they'll be separated out by their cost centers who is paying for the services. So they're maybe say choice A troia office with the specialty team and a toya office with just regular support coordination for District Central, and they will designate them out that way. But they'll all be attached to District Central. By the geographic, locator. And you'll be able to see all the incidents for everybody in that geographic locator.



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Lisa Ehlenberger: okay, so then what does the s capital e stand for In that group,...

James Maio: I literally have no...

Lisa Ehlenberger: social emotional, okay. does anybody want to try and find that out? Is Do you guys know

who you could ask that?

James Maio: I, Yeah.

James Maio: I don't know, I don't know is that Designated. Where is it at? I don't know.

Lisa Ehlenberger: Michelle.

Michelle Rademacher: I'm not certain what you're asking either, maybe we mixed words. There's

James Maio: She's saying SE where she's saying SC because that's just the different support coordination

teams.

**Lisa Ehlenberger:** it was when you discussed that, there was a possibility of an incident the community category and then also the special units that were identified and then you said I thought I heard SE And early intervention.

Michelle Rademacher: No, you heard Z. Sorry.

James Maio: Yeah, she left the D off of it but the designator is DZ for the specialty units,...

Lisa Ehlenberger: DZ. I got that.

James Maio: and DP for the early intervention units.

Lisa Ehlenberger: Okay,...

Michelle Rademacher: There you go.

Lisa Ehlenberger: as long as I just wanted to know, thank you.

James Maio: Yeah.

**Lisa Ehlenberger:** Any other questions for any other committee members with questions or related to that? Okay, do we have any more updates from DDDIOC liasion. No.

Annual Report



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Lisa Ehlenberger: Okay, I'm gonna skip six for a moment and go to seven annual report. So basically we as a committee are required to complete an annual report from July 2023 and to June 30th 2024 it's due by November first. The chair usually does the majority of it but definitely contributions from all members are welcome. So if you did get an email from me and then I'll send one to include probably an update one for Megan and Nicole as well. It don't worry about it because you weren't around during that time of July 2023 to June 30th 2024. However if there's a subject that you're like, did you discuss this or any ideas or more than welcome to be sent to me? Just as a reminder, blind copy all of IOC members, if you do send something so that we don't, Go against the public meeting laws. Correct. Yeah, and then we can add an agenda item on to the next meeting. If we want to discuss it as a committee, so please feel free to add information to discuss For our agenda at any time. Let's see. Any questions or comments on Annual report? Can just go past that and then go ahead Eva.

Eva Hamant: I didn't join the subcommittee but I did send you that information about Ash and...

Lisa Ehlenberger: Yes.

**Eva Hamant:** so because I was reading all those early interventions that didn't show up this month. I didn't sign up and then I remembered the ash information. So

Lisa Ehlenberger: No worries. I don't think we didn't create a subcommittee for the annual report. I'm just gonna do The way that Linda did it in the past, which she was our last year and basically email, you all blind copy, and ask you to just send me individual edit or individual comment on. If you think I worded it wrong, or however it might be or anything to add and then I'll keep doing that as it's drafted. And I'm waiting to get some more information to some division information and then hopefully, we'll be able to send out a draft to the committee members for you to just kind of see what an annual report looks like make comments.

### **Discussion of PRC and BTPs/PCSPs**

Lisa Ehlenberger:Okay. Eva I'm going to move on to discussion on PRC and Btps Pcsps. I think that this might be a good discussion too. if we have a question for Patricia, she might Have a reference to that policy that we were asking Christopher or Carolyn. So PRC is the Program Review committee and that is something that as IOC. Committee Volunteers, You can choose to sit in on a committee that is reviewing Treatment plans along with the person-centered service plan to just kind of make sure that things are developmentally appropriate for those individuals and IOC members. And correct me if I'm wrong. Patricia Bird and Morgan or anyone. IOC members, that needs to be at least one IOC member reviewing. The plans is that Patricia

01:10:00

Patricia Sandino: Yes, that's correct. It's mandatory.

**Lisa Ehlenberger:** And so IOC numbers so I do most of them and they're long days, but you learn a lot and you can really help in a detailed way that we're not always doing within this committee meetings, etc. So,



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they're usually from 9am to approximately 1:00 PM and they're usually on Tuesdays and Thursdays. But that's something if you're a new committee member don't worry about it right now. Hit some whole nother animal. But I think Carolyn maybe had a question Patricia.

**Carolyn Willmer:** Hi Patricia. So I have sat in on a few prcs where The medication review information has not included, PRC medications. and when I've asked about this staff, have said, we don't have to include them because their PRC meds

James Maio: you mean PRN?

Chat Message: Michael Johnson: PRN right?

**Carolyn Willmer:** Sorry, Yes. so, during the PRC meetings, I say Hey this person is on medication for you say In the Narrative section that this person is on medication for blah blah and yet it's not included on the medication review in the pcsp.

**James Maio:** That. Yeah, because I can kind of answer this so PRNs are they might be prescribed medications but first of all, they are never behavioral health medications. They're never behavior modifying medications and...

Carolyn Willmer: Right. Right.

James Maio: they're on an as needed basis. So they're not taking them every day necessarily, they're taking them as needed. So, there's a prn listing normally for every member who receives services that are in a residential setting, and it can include everything from aspirin to stomach medication to cold medication and so they don't need consents for that other than they approval from their position that they can take them as needed. So you will not see that on

Carolyn Willmer: Okay.

James Maio: On a pcsp. They won't list out every type of prn medication that someone can take.

Carolyn Willmer: Okay.

**James Maio:** Because again, it's not a regularly prescribed medication.

**Carolyn Willmer:** Okay, so, my concern is that if you follow that logic, I have a feeling we've talked about this before, now, that we're talking. So by that logic, you wouldn't list. Insulin while you might not listen when you might not list.

**James Maio:** Insulin is on their prescribed medication list, even if it's taken on a sliding scale, but most people who take insulin have to have it, but have to have its provided to them by a nurse coming into the home separately because you can't do injectable.



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Carolyn Willmer: Okay, Right. ...

James Maio: You can't do injectables in a group home setting. Unless you have a nurse,...

Carolyn Willmer: are you saying?

James Maio: unless it's a nursing support group home.

Carolyn Willmer: Okay, are you saying the supplies only to prns that are OTC?

James Maio: No, it is not,...

Lisa Ehlenberger: Over the counter.

**James Maio:** it is not included. There are other types of medications that be the doctor has to sign off that they won't conflict with any of their regular medications. That's why they have a prn authorization,...

Carolyn Willmer: Okay.

**James Maio:** but it is not considered a regularly prescribed medication, so it won't be on their medication lists. and again,...

Carolyn Willmer: Okay.

**James Maio:** since it's not behavioral modifying, it doesn't get updated at their medication reviews, with their behavioral health provider either,

Carolyn Willmer: Okay, but there is a list of prn medications that separate for each member.

**James Maio:** Yeah, they keep them in the group homes Of course, because the doctor could say, this person is allergic to ibuprofen. So they have to take Tylenol for, you...

Carolyn Willmer: Right.

James Maio: So they do have to be reviewed by a physician. They just, aren't they?

Carolyn Willmer: Okay.

**James Maio:** Just don't have to have a consent form by say the family or whatever because they're not behavioral modifying.

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James Maio: So you won't see those on a behavior plan.



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Carolyn Willmer: Okay.

Lisa Ehlenberger: Okay.

James Maio: You won't see those in a pcsp.

Carolyn Willmer: Okay, all right.

Lisa Ehlenberger: so, Carolyn this is Lisa I have a question in regards to that because I know that Are you still gonna send the email cuz I'm still curious about what I'd like to read the policy on meds required to be included in the med list of Pcsp? Is that James? I don't think you were on the call. When we were discussing it with them, somebody in policy and they didn't know the policy numbers, no one had and I but they said, they could find it. So we were just gonna send an email to Morgan and Michelle to request. The policy number for meds that are to be included in a med list of a pcsp. Because there's a Okay,...

James Maio: That I would suggest you do that. Yeah.

**Lisa Ehlenberger:** just because it'd be good information as well. And then maybe help us understand why they're not included or not needed to be included when you would described.

James Maio: Okay.

**Carolyn Willmer:** And for example would they not include an asthma rescue medication in the medication review or a seizure rescue medication or a pain medication.

James Maio: Typically, they're just the regularly,...

Carolyn Willmer: Okay.

**James Maio:** prescribed daily medications with how often they take them and that doesn't include a lot of the prns. Because again, somebody can be prescribed to prn that they almost never or...

Carolyn Willmer: Right.

James Maio: if not never take, especially It's when you're talking about if they're taking seizure medication,

they Only has to be taken if they're in a seizure for over six minutes and...

Carolyn Willmer: Right.

James Maio: those types of things hardly come up so they might have one available to them it's like and...

Carolyn Willmer: Okay. Right.

James Maio: having an EpiPen, but it wouldn't necessarily beyond their daily list of medications.

Carolyn Willmer: Okay, but it would be there and...



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Carolyn Willmer: staff would be aware of it. okay.

James Maio: Right. Right.

**Carolyn Willmer:** All right. Yeah, that makes more sense to me. It just puzzled me because my understanding was that the Btp and the Pcsp are supposed to have all the information so that someone can implement the plan. But this is something that's separate from that.

**James Maio**: It's funny that there are rules with how to take prn medications even if you are not prescribed them like there's a rule that says you can retroactively get approval for them after you give them if somebody it needs them and they're not on their prescribed list, that's already been reviewed.

Carolyn Willmer: Yeah.

**James Maio:** You can reach out to the physician and get them as you're giving them to them. And you have to get in writing with and...

Carolyn Willmer: Okay.

James Maio: I think it's 24 or 48 hours or something.

Carolyn Willmer: All right, that makes sense because nobody's explained to me yet. This is the first I've heard that there's a separate list. So I mean the carers did not when I've asked the carers in these meetings, the Care's have never mentioned. there's a separate prn medication list for each member

James Maio: Yeah, monitoring that checks it.

Carolyn Willmer: Okay.

James Maio: As part of their review of the members file in the group home, To make...

Carolyn Willmer: Okay, great.

James Maio: and they only have to have it approved once a year.

Carolyn Willmer: All right.

**Lisa Ehlenberger:** I mean I think that it may not be a bad idea at some point in time for a little note written into the pcsp that says Prn Meds listed in.

Carolyn Willmer: Yes.

. res.

Lisa Ehlenberger: in member homes,...

James Maio: Yeah and...



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Lisa Ehlenberger: home file,

**James Maio:** some teams do actually include it in the list. They might put some sort of separator and say this person has one or two or something prescribed prns separate from that...

Carolyn Willmer: I,

James Maio: but I've noticed that very few do. It mostly just leave it on that PRN approval list and...

Lisa Ehlenberger: Okay.

Carolyn Willmer: Okay.

James Maio: that's it.

**Lisa Ehlenberger:** And I'm in agreement with Carolyn it does to me it seems like I'm gonna get the rationale but it does seem the pcsp Btp is designed to care for the individual. So why would it not be included?

Carolyn Willmer: Right.

Carolyn Willmer: Right.

**James Maio:** And again what you guys are reviewing as part of the behavior plan, though is a lot of just the behavior modifying medications, which Our rule, you cannot have a prn psychotropic medication.

Carolyn Willmer: Right. Right.

**James Maio:** Yeah, behavior, modifying it all even for sleep or even things that you would not maybe necessarily think of a psychotropic but yeah.

Lisa Ehlenberger: Yeah.

Carolyn Willmer: Right. Yeah.

**James Maio:** So that's also is one of the reasons why it doesn't come up very much that I don't think they consider that since you can't use a behavior modifying medication,

Lisa Ehlenberger: Yeah.

**Carolyn Willmer:** Right. Right. Yeah. The only ones I've seen are I've never seen it for a behavior, modifying medication. it's just for other stuff that comes up.

Lisa Ehlenberger: or if it's usually red flagged in the meeting, Patricia

**James Maio:** It's not like they've never been caught using prn psychotropic meds but when we do identify it then that's an incident in itself. So



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Carolyn Willmer: Right.

Patricia Sandino: It's violation.

Lisa Ehlenberger: Okay. Yeah, okay. if there's no other questions.

Carolyn Willmer: That's really helpful.

Lisa Ehlenberger: Eva you have a question?

**Eva Hamant:** I was going to ask Patricia. How are the support coordinators or do you see a lot of When you do the budgets of over 2,000 dollars, Has that issue been resolved so that there's not a lot of over 2,000.

**Lisa Ehlenberger:** I'm Patricia. You're muted if you're trying to speak but I know Eva I've only seen one or two in the last Six months.

Patricia Sandino: Can you hear me? Again, it kind of varies,...

Lisa Ehlenberger: Yes, we can hear,

Patricia Sandino: but we normally let the support coordinator, that as soon as we notice, the amount is exceeding, we definitely put it on the notes. That us a spending needs to be done quickly. However, after that point, PRC does not track it. We just Make a note of it. and apparently, we kind of figure out that. That's what the plan, the support coordinator and the team are gonna be working and sometimes they'll let us know, we just did a spending, it's just not updated in the plan, but the support coordinator should be well aware of it and they should be monitoring that as well.

**Eva Hamant:** Because I heard a presentation on AZ Abel. And they were talking about a way for members to put money into an account. So that they don't go without doing one of those messes spend downs where they could save money for a vacation burial, plans, that kind of stuff. And that's why I was just wondering if it was an issue anymore.

Patricia Sandino: Sometimes the team does present themselves and say, we're looking at it now we decided as a team to put it if there is an excessive of money coming monthly. Because we see some of that sometimes So, the team does come together and decide what we're going to use that money for a burial plant, like you said or, we're for something like a special vacation. So that I do see the teens working with the member. If there's guardians involved, we notify them as So I haven't had any Or that I've heard that there's been a serious concern about that.

DCS and APS Relationship/communication with DDD



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Lisa Ehlenberger: Any other questions on PRC or behavior treatment plans program review committee? Pcsps. Okay, we'll carry on. I'm gonna go into the DCS and a number six on the agenda, DCs and APS Relationships, / communication with DDD because this is something that we wanted to kind of discuss last month and we were able to because it wasn't on the agenda. So I just thought I'd open this discussion up. Again, I'll briefly just kind of review. Why it kind of came into play, we had Department of Child, safety. and representative from Adult Protective Services in our meeting last month, which gave us some really good information, adult, protective services, which from my understanding because they're under the umbrella of the ES, right? The Department of Economic Security that it seems like there's a lot more collaboration.

James Maio: Correct.

**Lisa Ehlenberger:** With adult Protective Services and DDD and our members. However, the Department of Child Safety didn't really have a lot of answers for us. So we kind of had some questions in regards to it, and I know that wait, so Department of Child, Safety is under

James Maio: The police department.

Lisa Ehlenberger: okay, so in regards to just collaboration communication, Christina

**Christina Hedges:** The Department of Child Safety is its own department within the state government.

**Lisa Ehlenberger:** Okay, So we had some questions in regards to just is there some of the things we were thinking, I think thought of would in regards to GCS and DDD. Is there any standard work or inner agency of understanding or a cooperative agreement? And if so Why isn't there one if there's not and then policies and procedures APs. Has a unit, that is a DDD unit.

#### 01:25:00

Lisa Ehlenberger: But we don't know if DCS has one. So the Department of Child safety and if they don't, I mean, I think that they really should because the questions we had for Department of Child Safety, last month we asked How do they investigate a alleged abuse differently when the potential abuse is a member of DDD. and the ant they didn't have an answer so because as we all know, Just because you are an investigator for Department of Child, Safety or APs, or whatever might be our members are unique. They need people who know developmental disabilities to interact and communicate with them. even experts within the fields of psychology or speech and language that has specialized working with individuals with developmental disabilities. And not everybody knows how to communicate with an individual that has a cognitive disability or is nonverbal. So I just want to open up the conversation. if Nicole has a comment or Megan in regards to this, I mean I would like to find out what DCs does. For our population. What are other individuals, thoughts?

Nicole G: I just did the thumbs up because I was appreciating that you were bringing this up and so

**Lisa Ehlenberger:** Okay, awesome.



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Megan McCarthy: This is Megan here in terms of When I work with DCs, I do suspect that there's a little more trailing training that they would benefit from. Mostly just give them because of the special needs of that population, especially for talking about intellectual disability, mild modern, or severe, or if we're talking about, level one Level Two or Level Three autism. How you approach that child or individual is radically different than how you would approach a typical kiddo, in some situations. And sometimes now, I've done a lot of work with beauty members, who have been accused or been involved in cases, involving sexual assault. And how we treat individuals will low calm, the functioning, how we ess? Those individuals, how we provide therapy to individual autism? how we assess them as well. In terms of thinking about sexual maladaptive behaviors is radically different than how we would treat an assess, the typical child to the point. That actually my licensing board kind of sent some shockwaves through our field that they have actually kind of Change how we're able to assess those individuals that, if they do have low conga functioning, if they do meet criteria before autism, we cannot administer typical assessments to assessor. those sexual interests or those sexual behaviors. So more often than not, when I'm working with DCs, This is usually the topic that I'm working with and the DCs case. Managers are often just not aware or not fully informed on what goes into those behaviors that type of thinking that level of cognition And most importantly, whether or not, they can support support or substantiate, the idea of malicious intent. And more up and we're not able to make that substantiation because they don't truly fully understand or are aware of the intense other behaviors or even other consequences of their actions, they're just reacting in the moment.

**Nicole G:** megan, do you think that that part of the challenge is proactiveness, where and if the member has not Whether?

01:30:00

Megan McCarthy: Yeah, I think what you might be asking, this is actually a struggle that I've been having as a provider referring for services right now. Is that I am finding that for one To my knowledge and please anybody on the committee. Correct me if I'm wrong but you might knowledge, there is only one facility who claims to be able to help support with these behaviors. when they remember has low cognitive ability or autism. So for one, we're lacking in facilities to be able to provide support. Secondly, we're also lacking in ADA provider who understand the comorbid factor of some of those sexual amount of behaviors that often DCs is investigating. So, we've got kind of a multi-layer systemic issue going on. I'm noticing on my side of things within the field that we've got case. Managers who aren't fully informed in this and who really appreciate it when I do talk to them about this stuff. But then, as a matter of Okay, How do we find support, who's informed to be able to treat this and more often than not? I actually just had a case I'm wrapping up right now. We're having the refer to agencies out of state. Because we're not able to find the support for members here in Arizona right now.

**Lisa Ehlenberger:** So I have a question for and for the committee right now, I'm James, you might have some information. This, I'm think you may be shared this with me and I don't have notes, so I'm going off memory. Isn't there when DC Has. An individual that is in cust that they actually have DCs group homes and individual



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members of DDD if they're under 18 would go into those group homes and DCS would kind of Provide the care or foster.

James Maio: So DCs shares. Our Group homes.

Lisa Ehlenberger: Contact. Okay.

**James Maio:** They pay for the placements for members who are not altex eligible yet. in the meantime while they're trying to become altex eligible as well as they can. even, if they're applying for DDD services, DCs specifically can place their members who they believe will We call them likely eligible members into a DDD group home and they pay for them in the interim while they are applying for DDD and ALTICS services.

**Lisa Ehlenberger:** Okay, so then they're in DDD group homes.

**James Maio:** But we meet with them regularly and we communicate with DCs regarding those members so that we can help to find appropriate placements within the DDD network. For them.

**Lisa Ehlenberger:** Okay. Eva you have a question.

**Eva Hamant:** last month, remember I had An IR where I called them, three hoodlum. that we're in DCs and it was not investigated because it didn't get paid. So I have to agree with Megan that this is a real issue because I could not believe reading that. I are about what these kids were doing.

**James Maio:** So Eva it doesn't mean that they're not investigated it's just not investigated by DDD. If the services are being paid by DCs, they have investigators who will follow up on the services that they're paying for.

Eva Hamant: So why did I get the IR?

**James Maio:** So it still means that even if they're just DDD eligible and we're not paying for the services, they still get IRS. they also go to DCs. Separately because they're paying for the service. So it's for us. It's a no provider for them. It is one of their providers now because they are piggybacked on our network so if we're not paying for it it'll go into our system as a no provider, it goes into that to them as a provider that they're paying for the service.

Eva Hamant: Let me tell you after reading that closed I agree with Megan where it is a real issue.

Lisa Ehlenberger: Mm- And that's something what I'd like to recommend if the committee, I mean, and I don't know. We only have about 22 minutes left of this meeting, but I would like to potentially recommend that I know that DCS Department of Child. Safety doesn't have to answer the questions but we could still develop questions for them and I believe Adoa can pass those messages on or questions on to them for us. So we could potentially make motions for particular questions. However I'm not sure if maybe we want to create a subgroup or subcommittee for this because it sounds like we might have more questions than maybe just investigative type of questions and policies procedures of DCs.



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Lisa Ehlenberger: or What are others thoughts? So basically if we create a subcommittee, what that means is that we have to have no More than now that we are a larger group. I believe our quorum is five. So 8 divided by 2, plus 1 is 5. So as long as we have no more than four individuals in the subcommittee, and then if we make a motion to create the subcommittee, we can have these questions developed without developing them in this meeting. And then we can have a open discussion about developing the questions with, as long as we keep it to a minimum of four people. What are committee members thoughts on that? Because I think It deserves a little more attention than 15 minutes to develop questions and motions in my opinion. Megan and Nicole, Michael Eva, Mandy, if you're still here.

**Megan McCarthy:** I was part of subcommittee.

**Lisa Ehlenberger:** Carolyn. what I'd love to be on it as well. Anybody else interested in something like this? Okay, then would somebody like to make a motion to create a subcommittee that we can DCs APs. I don't know what we would call it. DCS APS and DDD. And service providers. I don't know. We wouldn't need to bring APs into this. So it actually just be DCS and DDD

Michelle Rademacher: Lisa, I don't think you have to make a motion for subcommittee.

Lisa Ehlenberger: We don't. okay, so then we'd like to create a subcommittee for and we can label it, DCs and DDD Relations/services. I think somebody might need to mute themselves. I'm not sure. Thank you. okay, then we will put that in the part on the parking lot shelf or Michelle and develop some questions for Clarifying what their current investigative processes are procedures, as well as maybe some questions in regards to the trainings. That DCS investigators and care workers receive Okay, and then I'll get back with you Megan. I'll just send you a separate email and then we can come up with dates times etc or when it's convenient for you.

### <u>Discussion on DDD and Service Providers</u>

Lisa Ehlenberger: Okay, okay, so let's go on to discussion on DDD and service providers. That's another thing. I think we kind of touched it a little bit and this subcommittee between we can look at those things as well. But As far as I think that part of this agenda item was related to the lack of service providers that are trained to provide therapeutic services as well as other services to DDD members. And just some concerns in regards to that. I don't know if anybody else has additional concerns. I mean, anything. Megan, you approached it already as well. When you discussed the first having to refer to out of state facilities, for some of the members, When we would be nice if we could keep them within our state, Closer to family and everything.

**Megan McCarthy:** And to add to that, separate from kind of DCs conversation. We're having. But one of the concerns I have is with DDD members who have been diagnosed with autism. I'm noticing and also members are noticing and coming to me with grievances about the providers they've encountered, That



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we're noticing a trend and the shift and the training of some of the the adaptive behavioral analysis providers. who support therapy services for families and for members,

Megan McCarthy: They're unfamiliar with care level three. Meaning that the member maybe not verbal, or they may be fight risks or physically a danger to those around them when they're trying to provide those services and one of the cases actually kind of spurred me to reach out to you. and to be a part of the committee because I had a member report that there was some abuse that had occurred by an AB provider to a DDD member. And I definitely encourage them to file that grievance with DDD and he did. But this was not the only case that I've heard of and so I'm concerned that we are losing. Be availability providers. Who are trained. And what autism?

01:40:00

**Megan McCarthy:** Truly looks like due to how watered down the diagnosis has become because of social media. I'm also finding that providers are They're not openly saying this but they are picking and choosing the members that they want to work with based on the severity of the symptoms and they're choosing the easier cases. So, I really want to make sure that we're able to strengthen this resource because there's so many cases where families are left. Not knowing what to do, but they're not able to adequately provide for the care member, especially since the care member becomes aggressive towards them and then it becomes an incident report at that point.

**Lisa Ehlenberger:** And I think that's Michael has his hand raised. I'm just real quickly. I think that's also something that Has been in Michael, go ahead. I lost my thought.

**Michael Johnson:** That's okay, I fully support getting more services and education around this. I just want to mention that the Bridging the GAP conference does have at least one workshop on maladaptive sexual behaviors for DDD members. So if Anyone else is really interested in going, the workshop could be really helpful or that conference.

Lisa Ehlenberger: Great.

**Michael Johnson:** And then I also saw there was a grant or agencies to develop programs around, sexual, behaviors and health. So I know it's not all the solutions but there I do route it just kind of recognize DDD is I do see them kind of actively taking charge on this. So at least in some ways and definitely we can bridge the gap. A little more with those DCs services, for sure.

**Lisa Ehlenberger:** And what is that Grant by chance? Michael do you know the name of that grant? Or could you find it?

Michael Johnson: I would have to find it in my emails.

Lisa Ehlenberger: Okay. If you...



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Michael Johnson: I can look yeah.

**Lisa Ehlenberger:** if you can look and send that to us, that would be great. Just so that we can maybe look at it and be familiar with it and maybe come up with additional ideas. Christina.

Christina Hedges: Yeah, thanks for that, Mike. I just wanted to say that actually the third day of the bridging that Gap conference up in Phoenix, it's going to be September 7th and we haven't shared about it as widely because it's specifically tailored to Bcbas and the AVA kind of service provision. And it's really going to be looking at adults with more of those Credibly Severe and challenging behaviors. more along serving the profoundly autistic community. So Megan you might want to check that out as well.

Lisa Ehlenberger: Okay, and the other thing too that this also comes up in PRC. James. Yeah, and I think that this might be an ongoing if we can just keep this on the agenda, this subject of DDD and service providers. Because I think that there's probably things that can continue to be discussed because it is a really heavy topic. I was a gonna just mention that we see this in PRC and I don't know, Patricia's still on the call. But there's some individuals their behaviors and their sexualized behaviors that they basically end up staying at home quite a bit and they don't have programs. And the day programs aren't accepting Some of these individuals are only 22 years old. and I read and been in the meetings where they are basically at home all the time and it's because of the behaviors. And I think that if this is something that stems and potentially could

#### 01:45:00

Lisa Ehlenberger: Be address And I think it's a carryover of education because in the secondary schools and education, they're also the amount of individuals that are not able to provide these services to those individuals that are more low incidents disabilities with these behaviors. Sometimes the families end up, keeping them home from school or having them graduate at 18. When really, they could have benefited from three more years in school. I think This is an age lifespan dilemma for our members, not just isolated to adults or children and I don't know how we can. Help or support changes on that level. But I think that it's something that definitely needs to happen. Because you do see that even speech and language therapists will exit a student because of their behaviors when they still need speech and language therapy. And that happens in the school settings as well. Nicole

Nicole G: I have a question as I work in a district supporting transitioning students. I am curious if that information has been shared with the schools and districts. And ensuring the school and the data has been shared to the district to make collaboration on this.

Lisa Ehlenberger: Absolutely. I would have to let me think about the data and if anybody in the committee has ideas on where to find the data, I might be able to find some information, but a lot of it is and I know the schools will want the data. Everybody wants the data, right? if anybody has ideas, please feel free to reach out to me, the email or text I think you all have my phone number and I will try and brainstorm on to where to find that because I think the conversation probably does need to start with that data to back it up rather than



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just opinions. So thank you for that Nicole. And it's not a friendly subject as well to share this with educators because they really do their best to educate all children and those in the special education field, they do their best. But there is bias and that's something that it's hard to collect data on that piece because it's gonna be opinion based on their IEP teams as to whether or not. they should graduate early or not but the parents and families, that know, the benefit of maintaining those services through 21, etc. They advocate. For their met, their children that are soon to be adult or they're adult children that are members of DDD. That would be sitting at home for a little while until they find a day program, or whatever it might be. But there are a lot of families that don't have that information, and they don't want to argue with the school professionals and they do end up leaving school before, potentially their time. where if they stayed for a couple more years? They'd have maybe more job training or whatever. It might be to help them in great discussions, you guys, I'd like to recommend we carry on to go into executive session so if we can get a motion to go into executive session, that would be great.

### **Motion and Vote**

### **Executive Session**

Lisa Ehlenberger: Does anybody want to make a motion to go into executive session? Or do we need to?

Michael Johnson: Sure, I'll make a motion to move to executive session.

**Lisa Ehlenberger:** And do we have a second?

**Lisa Ehlenberger:** Okay, and then for those new to going into executive session, you just need to either put mute the here and then click on the link, but all those in favor.

**Lisa Ehlenberger:** Any opposed. and then Morgan sent the link in the chat.

**James Maio:** And Lisa for those people who are not going into executive session, do they need to stay on or can they drop off?

**Lisa Ehlenberger:** I think that those who are in the meeting that are not going to executive session, they are more than welcome to drop off. I think we're finished. Thank you, James, for that, but we do want you there James.

Chat Message: Nicole G: sorry, need to step away just for a couple min again

Chat Message: Morgan O'Hara: meet.google.com/iwo-tdwx-wmj

Chat Message: Morgan O'Hara: Video call link: https://meet.google.com/iwo-tdwx-wmj



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James Maio: I know.

Lisa Ehlenberger: Okay. Yes.

**Executive Session started: 11:50 am** 

**Executive Session ended: 12:10 pm** 

02:10:00

Lisa Ehlenberger: We were not an executive anymore though,...

James Maio: So ...

Lisa Ehlenberger: Before we end,...

James Maio: no, I mean in the regular, I don't,...

Lisa Ehlenberger: Okay.

James Maio: it's not executive thing, it's just before we on the regular meeting, I just wanted to let you know, There's a self-started pit for DDD regarding behavior plans. And so I'm on that group and one of the things that just came up that I feel like was really a positive. Is we've added into focus a tracking. For behavior plans. And it's out there now, it's been pushed into production. And over the next three months, we'll be updating all the data for all 50, some month thousand members and we'll be able to run a report about all the members who are current on their plans, who need a plan that don't have a plan or have an expired plan. And so very exciting. I feel like that's the first step for all of our other interventions, trying to get everyone to have a good solid behavior plan in place. And so I think that was pretty positive information that we're so,...

Lisa Ehlenberger: Yeah, that's good information. Thank you. But what do you mean by Pip?

James Maio: Yeah. A PIP is a performance improvement plan. it's a plan that we submitted to AHCCCSing. HEY We recognize that we are falling short in this area. And we are going to work on improving that area and then we provide that data quarterly to AHCCCS on what interventions we're doing. what the project is, So our project is to try to get at least 95% of all the members who require a behavior plan in place. And so, our number is quite a bit lower than that. Or at least we believe it to be, but it's hard to tell because we didn't have a really solid tracking method for it.

Lisa Ehlenberger: Tracking system. Okay. And it's



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**James Maio:** Yeah, it's broken up by district rather than stay wide and it doesn't send this now with this, it all. So send alerts out to Support coordinators three months prior to them being expired. So the teams can start developing resubmitted submissions.

Lisa Ehlenberger: Great.

James Maio: And yeah. So

**Lisa Ehlenberger:** Okay, I'm real quick question on that. Is it possible for us to receive? Once you have that tracking system in a quarterly update with that as well as the IOC members.

**James Maio:** Maybe with the data but because it is all broken down by member, I don't know that we could give you specifics...

Lisa Ehlenberger: Just the data.

James Maio: but we could probably give you the percentages and stuff like that, that we have the numbers.

Lisa Ehlenberger: That would be great. Yeah, that would be great to just have that to see ...

**James Maio:** I'll just give you an update. I'll give you an update on where we're at on the project as we go along.

### **Adjournment**

### **Motion and Vote**

**Lisa Ehlenberger:** Okay, Okay, any other questions or are we good to make a motion to end the monthly IOC District Central meeting? If we have no other questions, if I can get somebody to make a motion to and the IOC Meeting.

**Lisa Ehlenberger:** that it's according to Robert's rules. I'm not really supposed to make the motion supposed to be somebody aside from the chair. Okay.

Carolyn Willmer: This is Carolyn, I make a motion to end this August IOC meeting.

Lisa Ehlenberger: Great Carolyn. Thank you so much. Do we have a second?

Eva Hamant: Eva. Second.

Michael Johnson: Also.



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**Lisa Ehlenberger:** Thank you.

+1 480-\*\*\*-\*\*15: All second.

Lisa Ehlenberger: Eva. And Mandy seconds. All those in favor.

Lisa Ehlenberger: I any opposed.

Megan McCarthy: Okay.

**Lisa Ehlenberger:** Great to have you Megan. I'm Nicole had to leave I think but if you're Nicole over if you were able to come back on, thank you so much. We're so excited to have you guys be a part of our committee.

+1 480-\*\*\*-\*\*15: That I

Lisa Ehlenberger: Okay.

Megan McCarthy: Thank you.

James Maio: Everyone.

Meeting ended after 02:17:08 👋

This editable transcript was computer generated and might contain errors. People can also change the text after it was created.

The committee elected to go into executive session at 10:04 am.

The committee returned from the executive session at 10:16 am.

The committee elected to go into executive session at 11:50 am.

The committee returned from the executive session at 12:15 pm.

For July's IRs, the Committee members have been given a total of **748** incident reports in the Shared Drive. This included open **48** and closed **700** reports.



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Туре	Open	Closed
Accidental Injury	0	136
Consumer missing	1	16
Community	0	5
Deaths	3	5
Emergency Measures	1	18
Human Rights	2	2
Legal	0	3
Medication Errors	3	28
Neglect	19	47
Other Abuse	14	46
Other-Behavior	0	272
Other -Injury unknown	2	109
Physical Abuse	3	6
Property Damage	0	0
Suicide	0	7
TOTALS	48	700

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

**22-** Questions for Quality Assurance Management: Members of the committee will send the incident reports questions to the DDD Liaison: **Morgan O'Hara** to be forwarded to Quality for responses.

### **Adjournment**

### Meeting adjourned at 12:20 PM

The next District Central IOC meeting will be held on September 27, 2024, at 10:00am in the same virtual format.