



Division of Developmental Disabilities (DDD)
District West Independent Oversight Committee (IOC)
Public Meeting Minutes Summary
January 8, 2025 – 6:00 PM to 8:00 PM

This meeting is being held virtually.

Meeting called to order by **De Freedman**. The date was January 8, 2025, at 6:00 pm. The address of the meeting was Virtual, no physical address.

Attendance in Person: **None - This meeting was virtual only**

Attendance by Google Meets unless noted:

- **Diedra (De) Freedman**
- **Brad Doyle**
- **Crystal Fox**
- **Jaymie Moore**
- **Maria Blandon**

Absent:

- **Pam Dewy**
- **Cynthia Macluskie**
- **Pat Thundercloud**
- **Colleen McGregor**

Public in Attendance:

- **Callie Walling**

Arizona Department of Administration (ADOA)

- **Larry Allen**

AHCCCS IOC Liaison

- **Absent**

Healthcare Plan Liaison

- **Wendy Herring** (Mercy Care)
- **Ian Wilson** (United HealthCare OIFA Administrator)

DDD staff and Guests:

- **Angela Venne** (DDD Administrator of Office of Individual & Family Affairs)
 - **Diane Kress** (DDD District West Quality Manager)
 - **Melissa Essig** (DDD Project Improvement Manager)
 - **Monica Ramos** (DDD Strategy Management Executive Assistant)
 - **Morgan O'Hara** (DDD IOC Liaison)
 - **Michelle Rademacher** (DDD IOC Liaison)
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District West IOC-Conference Call 2025/01/08 17:45 MST - Transcript

Attendees

Angela Venne, Angela Venne's Presentation, Brad Doyle, Callie Walling, Crystal Fox, Diane Kress, Diedra Freedman, Ian, Jaymie Moore, Lawrence Allen, Maria Blandon, Melissa Essig, Michelle Rademacher, Monica Ramos, Monica Ramos's Presentation, Morgan O'Hara, Wendy Herring - Mercy Care OIFA

Transcript

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

CALL TO ORDER

Diedra Freedman: Okay, welcome to the January 8, 2025 meeting of the DDD District West Independent Oversight Committee. Just for public information, we've moved our meetings from the fourth Tuesday of the month, to the first Wednesday of the month because it works better for our IOC members and DDD staff is also available then. Except for today, we're meeting on the second Wednesday of the month because the first Wednesday of the month was New Year's Day and it's a federal and state holiday. So, we couldn't meet last week. But from now on it will be the first Wednesday of the month. So, this session is now called to order.

DISCLOSURES OF CONFLICTS OF INTEREST

Diedra Freedman: Do we have anybody who has to disclose a conflict of interest? If there was, the committee member would need to disclose why.



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WELCOME AND INTRODUCTIONS

Diedra Freedman: So, let's do our welcome and our introductions. My name is Deidra Freedman. Everybody calls me De. I am the chair until somebody else steps up and agrees to take over the chair. I know Brad, I say that every meeting.

Diedra Freedman: I am the mother of Andy, who was a DDD ALTCS, Mercy Care member from 2003 when he was 24 months old, until March of 2021 when he died. In my professional life, I am a certified professional compliance officer and I'm a retired attorney from New York. So Brad, would you like to introduce yourself, please?

Brad Doyle: Yeah, I'm Brad Doyle. I have a son that's 38 that is in ALTCS and DDD, received services through them. He's been in the system and I'm a third generation Arizona. So I've seen and know family history of how far we've come. So for me as I look towards someone like Pat Thundercloud, wow, she really laid the railroad tracks. And then the best thing that I have going with the OIFA, whether it be Mercy **Brad Doyle:** Care or the CARES department now over at DDD, would be I get to give a fresh perspective on parents that are just four years olds, 5-year-olds that are just starting to deal with the system. and I always explain to them the system's so much better. It's open. You have the OIFA office is great.

Brad Doyle: There's somewhere to go now that doesn't lead that when it's somewhere to go that can help and assist So, I just wanted to say a shout out to all the people that keep coming to these meetings, keep up the good work because what you guys do and De knows this too. When we have an issue, we are now able to, instead of us having to call support coordinators, their bosses or whatever or write letters too, this the OIFA office is able to actually and things The parents get cooled down by talking to OIFA and everybody works better. Do we have a long way to go? Of course, we want perfection. But at the same time, when I look at all this group of people that are giving their night up in addition to myself, keep up the good work, guys.

Diedra Freedman: Just for the record, we call Christina. Christina Hedges is our woman. We call Christina.

Angela Venne: She's a good one to call.

Diedra Freedman: So, it's like, we get a hold of Wendy for Mercy Care issues and we get a hold of Dawn for United Healthcare Community Plan issues. So, I think we all agree we love our OIFA peeps. So, Crystal, you're next.

Crystal Fox: All right. I'm Crystal Fox. I am the mother to a 22 year old girl, Tia, who is severely autistic and has multiple disabilities with epilepsy and all that other fun stuff. And I had to switch gears because my DDD provider did not like the spider that was in the bathroom. I had to take care of that. And she didn't want me to kill it, so I had to put it outside. So there's a little bit of humor for you, what I go through every day. So I'm also currently learning a little bit about the system through an individual that I've been trying to help. I'm just going to give you, his first name is Kevin and I've been trying to help him since March to get him services and stuff.



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Crystal Fox: So I'm learning a lot about the system through that and I can't really let that pass right now since I spent eight hours trying to do housing today and got nowhere. So, I'm not quite as positive as Brad over there. But, I'm also really strong with the serious mental illness. I'm the co-founder of the Arizona Mad Moms. We do a lot of behavioral serious mental illness stuff and I'm loving all of it. I'm a psychiatric nurse, and that's the only job I get paid for. So, I'm trying to keep that job with all my other stuff that I'm doing. And with that, I'll pass. Thank you.

Diedra Freedman: Jamie.

Jaymie Moore: Good evening. My name is Jamie Moore. I am adjunct faculty at Grand Canyon University. My specialty is teaching all aspects of ELA and literacy to pre-service teachers. I'm also a private tutor. My specialty there is teaching students with profound dyslexia to read and I travel to their private homes to do that. And I am also the associate director for a group home in the West Valley. And I'm a guardian to a young man that has autism. He is one year old.

Maria Blandon: Hi, my name is Maria. I'm a recent member. I'm an ASU political science student and I'm also a care provider for my little brother, Gian, who has autism.

Michelle Rademacher: Angie, would you like to start us off pretty please?

Angela Venne: Absolutely. Good evening everyone. My name is Angie Venne and I am the CARES Bureau Chief. I recently took on that position as Leah retired on December 23rd and I have actually been with DDD for going on 28 years, almost 20 of those years being with DDD. I was in support coordination for a long time and then I was in supervision and then I ran training for a while. Then I ran customer service and now I'm here as the CARES Bureau Chief and I'm really thrilled to listen in and hear everyone's experiences and learn about your families as well. So thank you.

Chat Message: Angela Venne: angelavenne@azdes.gov

Michelle Rademacher: and Diane,...

Diane Kress: Yeah, good evening. Diane Crest. I am the quality assurance manager. I've been with DDD for five years.

Michelle Rademacher: Thank you. And Melissa Essig.

Melissa Essig: Hello, my name is Melissa Essig. I'm a project improvement manager and this is my first IOC I'm attending. So, thank you for having me. I work on special projects, one of them being to support the development of a strategic plan, with the Division for about four and a half years. But I've enjoyed my whole career supporting individuals with disabilities and behavioral health. I moved here from Michigan. So, I'm from the Midwest. Most of my experience has been in Michigan and Illinois, but happy to be here. Thank you.



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Michelle Rademacher: Thank you. Monica.

Monica Ramos: Hi. Let me get my camera on here. My name is Monica and I am the executive assistant to our new strategy management administrator, Thea. And I have been with DDD for a year and a half and this is also my first IOC meeting.

Ian: There we go. Good evening everybody. Ian Wilson here with United Healthcare Community Plan, standing in for Dawn today who's out on PTO.

Michelle Rademacher: Thank you. Wendy.

Wendy Herring - Mercy Care OIFA: Good evening everyone. Wendy Herring with Mercy Care Office of Individual and Family Affairs.

Michelle Rademacher: Thank you. And I did want to add that Thelia had something sudden come up where she was unable to attend the meeting tonight. So that's why we have Melissa and Monica here. And then my name is Michelle Rademacher. I'm the DDD independent oversight committee liaison and I'm with the CARES Administration.

00:10:00

Diedra Freedman: Melissa, no offense to Thelia, but we actually like the people who do the actual work rather than supervise the work. So, we're very happy to have you here with us.

Melissa Essig: Thank you.

CALL TO THE PUBLIC

Diedra Freedman: And we don't have anybody from the public, right? Michelle. Cali,...

Callie Walling: I think me.

Diedra Freedman: Would you like to introduce yourself? Cali, welcome.

Callie Walling: Yes, sure. I'm the community director with the Autism Society of Greater Phoenix and I have two kiddos that are on DDD. Thanks for having me.

Diedra Freedman: Thanks for joining us. Is there. We'll let you. You can have three minutes to make a public comment if you would at this point.

Callie Walling: I'm just here to learn. Thank you.



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DDD Strategic Planning Presentation and Discussion

Diedra Freedman: Also we are ready for our agenda items. And the first agenda item, Melissa, is yours, DDD strategic planning presentation and discussion. Take it away.

Melissa Essig: Sounds good. Thanks for giving us the time to have this important discussion. And I think Monica, are you able to share the presentation as I talk? Okay.

Monica Ramos: I can. I thought you were gonna That's okay. I'm not used to sharing the presentation. So, let me see if I can get my screen up here.

Diedra Freedman: Do you have it, Michelle? Because otherwise Michelle could pop it up for, there you go.



DDD Strategic Planning Update
January 2025

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Melissa Essig: We already did our introductions, but just a brief overview, if you can go to the next slide of what we'll be covering today. So we're going to talk about what strategic planning is. It might be different depending on what company or agency you're talking with. We'll talk about why it's so important to the Division and why we're spending time working on this. We'll also go over some of our recent strategy efforts, talk about the timeline for our strategic planning, and we're going to the most important part of why we're here to ask for your input on how you envision the future as we develop the strategic plan with your input. Angie will walk us through some questions and dialogue around that. And then we'll wrap up and talk about next steps or answer any questions.



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Agenda

- Introductions
- Let's define Strategic Planning
- Why is Strategic Planning important?
- Recent DDD Strategy Efforts
- Strategic Planning timeline
- Envision the Future
- Wrap up and Next Steps
- Questions

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What is Strategic Planning?

Strategic planning is a process that helps DDD:

- **Map out its vision for the future, and**
- **How it is going to get there.**

The process determines DDD's decisions and goals.

DDD wants to create and publish a 5-year Strategic Plan in July 2025.

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Melissa Essig: So, strategic planning is a process and what it helps the Division do is map out the vision for the future, outlines how we're going to get there, where we're going, and really is more of a long-term planning goal. So, we're looking at developing a plan that would take us through five years. Because if you think of where do you want to be in five years, those are really big things. And if we don't start now, what five years down the road, we'll be in the same spot that we are now. So our goal is to be very thoughtful and planful in how we're doing that. Beginning with getting input from our stakeholders and individuals that we support. And we'll be doing that over the course of several months with our goal to have a strategic plan developed by July of 2025.

What is Strategic Planning?

Level	Operational Planning	Tactical Planning	Strategic Planning
Time Horizon	Short-term (daily, weekly, monthly)	Medium-term (quarterly, annually)	Long-term (3-5 years or more)
Scope	Specific tasks and activities	Departmental or divisional goals	Overall organizational mission and vision
Focus	Efficiency and effectiveness	Resources allocation and implementation	Competitive advantage and/or sustainability
Decision-making	Detailed and operational	Resource and budget allocation	Policy and direction setting
Examples	Daily work schedules, inventory management, performance reviews	Department budgets, project plans, training programs	Organizational goals, mission statements, strategic partnerships

Melissa Essig: Next slide. So, when we think about what strategic planning is, there's different types of planning. So, I'm not going to read through the chart, but it's important to recognize that sometimes it's good for an agency to have a focus on shorter term goals, implement more tactical planning. So, the first couple of columns, you'll see the first one is around operational planning. Those two columns, operational and tactical, are really where the Division has been focusing more in the last five or six years. We haven't done a thorough strategic plan for about 10 years now. So operational planning includes things more like doing short-term activities, maybe projects that take three to six months to implement something. They typically focus more on efficiency and effectiveness.



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Melissa Essig: The tactical planning type of activities might be more medium-term, one to three year projects. They might be establishing goals or conditions that support a larger strategic plan. And then the strategic plan is where we are looking at the foundation upon where the organization structure stands, establishing the company's long-term vision, outlining paths to achieve global objectives. So, it's really at that higher level of matching how do we live our mission and vision and values, defining those and how we get there over a 5 to 10 year span of time. So, much bigger picture planning and visionary.

Why is Strategic Planning Important?

- Strategic planning clearly defines long-term objectives and maps out how short-term goals and work will achieve them.
- Aligns goals with external realities *e.g. member population is growing at high rate and how we adapt to DDD's mission*
- Expects challenges and leverages opportunities
- Gives a clear sense of where DDD is going and ensures teams are working on projects that make the most impact.

If our goals and objectives are the destination on a map, the strategic plan is our navigation system.

Melissa Essig: next slide please. So, when we think about why it's important to the Division, why it's important to the individuals we support, it helps define the long-term objectives and how we're going to reach them. It aligns goals with external realities. And some of those external realities are things we don't control. But in order to do best by those that we support, we need to plan for expected and unexpected realities that are coming at the Division. One example being, how are we going to meet everybody's needs with such a fast pace rate of growth with the number of individuals that need our support.

Melissa Essig: So we need to expect challenges and leverage opportunities so that we can meet those challenges. It gives a clear sense of who the Division is and where we're going and helps make sure that any projects we're setting as a priority are aligned with the mission, vision, and values. So if our goals and objectives, if you think of a map and goals and objectives are a destination on the map, the strategic plan is our navigation system. So it's really that high level thinking and planning. next slide.



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Melissa Essig: So the mission of the Division is, "The Division of Developmental Disabilities empowers individuals with developmental disabilities to lead self-directed, healthy and meaningful lives." And we keep that here because it needs to be at the forefront as we develop the strategic plan.

Chat Message: **Diedra Freedman:** Question for the end. I type slow and don't want to forget. ;) How can you do a meaningful 5 year strategic plan when the Legislature does an annual "zero based" budget and funding can be unpredictable depending upon annual revenue?

Chat Message: **Diedra Freedman:** Question for the end ;) 2024 saw serious breakthroughs with genetic testing for individuals with I/DD that will revolutionize the delivery of physical/medical care for individuals with I/DD along with increased intense early intervention. Will the development and delivery of this future improved care be part of the plan?

DDD Mission Statement

Mission

The Division of Developmental Disabilities empowers individuals with developmental disabilities to lead self-directed, healthy and meaningful lives.



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Recent DDD Strategy Efforts

Current 2 Future (C2F) - Phase 1. ~2020-2022

Notice to Cure Resolution

- Vendor Call - Network Development
- Access to Care - Timely Delivery of Services
- Quality Management Oversight & Administration
- Claims Processing
- Augmentative & Alternative Communication (AAC) Devices

Nursing Assessment Process

Tribal Health Program

Current 2 Future (C2F) Phase 2. ~2023 - Present

Strengthening Behavioral Health Services for DDD Members

- Dual Diagnosis & Positive Behavior Support Training
- Behavior Supported Group Homes*
- Improve the Behavior Plan Process*

Implementation of RFQVA DDD-2024

NCQA Accreditation

- Strengthen quality of support provided by DDD staff, including addressing documentation concerns*

**currently in progress*

Melissa Essig: So some of our recent strategy efforts, and you'll see here these aren't visionary, but it is what we've been spending our time on over the last four to five years. So we've had a series of plans that we call current to future.

Melissa Essig: Between 2020 and 2022, they were much more focused on resolving notices to cure issues that we had with AHCCCS and to come into compliance with AHCCCS regulations and requirements. So some of those activities you'll see when we talked about tactical are more tactical in nature. So we work to improve processes around the vendor call process so that we can identify vendors to provide services that are authorized for individuals. We work to improve access to care by improving our ability to monitor access to needed services and timeliness with delivering service.

Melissa Essig: We've worked to improve oversight of the quality management system and implemented a new claims processing system to come into compliance with the Centers for Medicare and Medicaid Services. We've addressed gaps with augmentative and alternative communication devices by implementing new processes, policies, and procedures and transitioned the management of AAC to Mercy Care and United. And then we've also partnered with Northern Arizona University Centers for Excellence, the UCEDD, to produce hourly nursing assessment tool to improve accuracy and consistency with nursing services.



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Melissa Essig: And then we also transitioned the administration of the tribal health program back to AHCCCS for individuals enrolled with that program. Our second phase of current to future was a little more visionary and really was more planful in improving quality of services. You'll notice the trend with a lot of focus on strengthening behavioral health services. We did dual diagnosis and positive behavior support training. So with that, the Division collaborated with both health plans to implement training for behavioral health providers regarding best practices in working with individuals who have both a behavioral health diagnosis as well as an intellectual or developmental disability diagnosis.

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Melissa Essig: And we are very proud to say that over 4,000 individuals from 114 agencies took over 34,000 courses. Some of those were online, but then we also did two in-person conferences as part of the dual diagnosis training. The feedback was tremendous and they want it to continue. So, we are continuing those efforts really in the goal to have behavioral health providers who feel trained and supported and understand how to navigate our system but also being more accessibility and competency with serving individuals with dual diagnosis.

Melissa Essig: We also have put in place the financial incentives that were made available to the health plans through ARPA funds to incentivize attendance at those trainings. For the positive behavior support training curriculum was developed targeted at both direct support professionals as well as available to members families and caregivers. For that, We're very proud to say we had nearly 11,000 direct support professionals trained from 125 qualified vendors and they all completed an 8hour positive behavior support training and similarly the feedback has been tremendous in how they feel it is able to help them be more effective as a caregiver and supporting individuals.

Melissa Essig: Additionally, we have been working to expand behavior supported group homes. We have a current performance improvement project in place that focuses on ensuring that each member that needs a behavior plan has one in place and that it effectively addresses their needs. We have worked on, I don't know if you guys are familiar with RFQVA, but that's our Request For Qualified Vendor. That project worked on improving the quality of services that individuals receive by updating and implementing new vendor agreements. So vendors who meet the established criteria will be issued the new qualified vendor agreement.

Melissa Essig: And going into 2025, we review every application for the new contract to meet this higher standard for quality. As well, during this time we are pursuing our accreditation through NCQA, which is the National Committee for Quality Assurance. With this, the Division hopes to strengthen our quality of support provided by Division staff, including addressing documentation concerns as well as updating numerous policies and procedures also with the intent for increasing quality supports to members. So, next slide.



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Strategic Planning Timeline

The strategic plan is being developed in phases:

Oct 2024 - Jan 2025	Jan 2025 - May 2025	June 2025	July 2025	
<div>Gather Input</div> <div>Facilitate stakeholder engagement to solicit input on strategic plan focus areas</div>	<div>Define Priorities</div> <div>Identify priorities using input gathered from meetings, surveys and other data</div>	<div>Draft Strategic Plan</div> <div>Draft strategic plan with goals, objectives, initiatives and performance measures to include stakeholder input</div> <div>Refine DDD's vision for the future</div> <div>Create action plan to track progress</div>	<div>Update Community</div> <div>Continue stakeholder conversations to gather feedback</div>	<div>Implement Strategic Plan</div> <div>Implement and monitor strategic plan</div> <div>Share final plan with stakeholders and publish to website</div>

Melissa Essig: So when we look at our planning timeline for the strategic plan, again wanting to be really thoughtful and planful, we began in October with gathering input. The Division feels it's very important to begin with the focus on hearing the voice of individuals who receive services, gathering input from internal and external stakeholders, families, self-advocates, and those who have a vested interest in the lives of those that the Division supports. So, we've been doing numerous meetings, surveys, town halls similar to this, trying to get the word out as much as possible. And we hope you're able to share it, too. At the end, we'll talk about how you can share the ability for others to contribute.

Melissa Essig: So we'll begin defining priorities as we gather input and looking for themes that can help set priorities and the areas of focus that we'll be moving towards. That will take us through, I think January, February. In May, our plan is to begin drafting the strategic plan based on the input that we've gathered. We will be updating the community as we go along. Our target date for a formal update would be in June. So we'll continue that stakeholder conversations.

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Melissa Essig: We want to make sure how we've interpreted the feedback that we're gathering through these sessions is what ends up on the strategic plan and then have any opportunity to tweak it as needed based on further community input and then begin implementing the strategic plan in July.

Melissa Essig: And so with that, I'm going to pause for questions so far before Angie takes you through a dialogue to get your input. I do see one question in the chat. *How can you do a meaningful five-year strategic plan when the legislature does annual zero-based budget and funding can be unpredictable depending upon annual revenue?*



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Melissa Essig: So I can do my best to answer that is that. If we think about the strategic plan really setting the highest pie in the sky goal is to what end? It may be that we envision a future where all individuals supported by the Division have access to support them in finding and maintaining employment. And then setting measures for that. It's not at the level of needing to know exactly what the budget is, but steering the navigation towards an ideal goal. So, I don't know if that helps or not.

Diedra Freedman: I'm just wondering in your point. This is not got-you at District West IOC. I'm just trying to make sure that, knowing the way that funding comes from the legislature, that is built into your fiveyear strategic plan so that you're realistic in what you're planning. And not only do you have a plan A, but if you have to pivot, your five-year plan allows you to pivot to plan B, plan C, because realistically, I don't know how long you've been with DDD, Melissa, and this is not a DDD slam, but the way that Arizona government works is we tend to make it up as we go along and there's all kinds of unintended consequences that we then have to address.

Diedra Freedman: So, I'm just wondering while we're doing this plan, because it's going to take a lot of work, and I know you're putting your heart and soul into this, if there's any way, I know it's not the nature of the beast to do a plan A, plan B, plan C, but I'll tell you, when you're the parent of a child with autism, you understand that the alphabet has 26 letters and...

Diedra Freedman: You have to pivot quickly, and you learn how to do that. So, I'm just making sure because you're going to get that question from parents. So,

Melissa Essig: *I think that's an excellent question.* I'm probably

Angela Venne: It's important for us to not make promises we can't keep. So depending on what we collect from all of the feedback, if it is something that involves finance or budget, rather than moving around resources, but actually obtaining resources that we're mindful of what does this look like for what might be our worst budget ever in a really long time coming out this month, and being able to pivot, and making it up as you go along. Hopefully, in my vision, a strategic plan would keep us, prevent us from doing that, because if we have a plan, we need to stay on course within the boundaries of that plan,...

Angela Venne: So, that's how I envision being able to work around those very real barriers that we might be up against depending on what comes out of the feedback from everyone.

Melissa Essig: And I do know that the intern, I'm not a financial specialist by any means,...

Melissa Essig: but I do know the Division is going through activities they call strengths, weaknesses, opportunities and threats. And I think earlier I mentioned needing to plan for changes and barriers that we can't control that come at us. And I know they definitely already have recognized not knowing what the budget might be.



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Melissa Essig: We know the rate of growth is, even if the budget stays the same, then how do we ensure that we can meet everybody's needs when we're growing at 7 to 8% per year when the state of Arizona is only growing at 1.5%. So, I know they're considering those, but I don't know what the answers are, but we are definitely taking notes and we'll be bringing this back to share with our executive leaders.

Diedra Freedman: Also, to be realistic, a few weeks ago, the US Department of Justice sent a warning letter to DCS because they're discriminating against individuals with disabilities, including both children and their parents. Those are our people, Melissa. And I know this is your first time visiting us, but we've been banging this drum for the last 5 years regarding DCS's communication with DDD and I have no problem putting it on the record. It's not a DDD-DCS communication problem. It's a DCS-DDD communication problem, which means that DDD has to expend more resources to try to get DCS to do what they're supposed to do. So, I can tell you right now that is going to take up DDD resources. So, it's stuff like that that I'm worried about that's going to come at you.

Melissa Essig: I'm glad you guys are worried and so far it's nice to hear what this group is saying and how you support the Division. Yeah.

Brad Doyle: Why the gap, you said it's been what 10 years since the strategic plan. Is there something besides COVID of course? What would be the specific reason as to why the delay? Okay.

Diedra Freedman: Brad, Melissa can't answer that, but I'll answer it for you. That comes from the top on down. It's a leadership choice. Zayn has decided to do this five-year plan. I don't think anybody is breathing down his neck. I think, and this is just my assessment, I have not had this conversation with him, but I think he's gotten to the point where he got rid of the citations from AHCCCS. We're through COVID and now I think he's probably our longest tenure DDD director, at least in two and a half decades I've been involved with the system, but I think he wants to do as much good as he can possibly do and I given his age I don't see him going anywhere he hasn't said that he wants a new job

Diedra Freedman: I know.

Melissa Essig: I can share some information but when I've had conversations with saying when I moved into my current role which is on the leadership development and program development administration and asking why the current to future plans, right. so it's not to say we haven't done any planning. I think out of necessity. if you go back a few slides, that says recent DDD. There we go. So, it's not that there hasn't been any, but out of necessity with the volume of work that was needed to resolve some of the notice to cure issues, that was the focus.



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Recent DDD Strategy Efforts

Current 2 Future (C2F) - Phase 1. ~2020-2022

Notice to Cure Resolution

- Vendor Call - Network Development
- Access to Care - Timely Delivery of Services
- Quality Management Oversight & Administration
- Claims Processing
- Augmentative & Alternative Communication (AAC) Devices

Nursing Assessment Process

Tribal Health Program

Current 2 Future (C2F) Phase 2. ~2023 - Present

Strengthening Behavioral Health Services for DDD Members

- Dual Diagnosis & Positive Behavior Support Training
- Behavior Supported Group Homes*
- Improve the Behavior Plan Process*

Implementation of RFQVA DDD-2024

NCQA Accreditation

- Strengthen quality of support provided by DDD staff, including addressing documentation concerns*

**currently in progress*

7

Melissa Essig: So when I first came in and in 2020 when I came was the question, our strategic plan seems really reactionary and he has voiced since then a desire to really want to have one that's more strategic and focused. We're not as nimble as we would like to be but I think it's really great to see the effort to do it now better late than never. All right.

Brad Doyle: I would agree. I'd also like to follow up with a strategic plan is going to be beneficial. but of course just and if we go to the legislature and ask for money and they're going to say, where's your plan? What do you plan on doing with it?" I think it'd be a good idea to have the strategic plan, but me and De both know just with the benchmark rates, we go down to the legislature and go here, here's how much you should be paying the providers and they just take the paper and throw it away and don't even pay attention. But I see the necessity for it. I think it's a good idea and I thank you for your information you provided, De. So, I think I agree with De on plan A, B, C, and D. But I think, my god. And actually if they decide to grant everything at the federal government, who only knows how that'll all work out.

00:35:00

Angela Venne: So going back to your comment about DCS, De when I verbally asked the question ...



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Envision the Future

- **Imagine the organization 5 years from now:**
 - What are your hopes/goals for the people that we serve over the next five years?
 - What part of their lives do members want the Division to help improve in the future?
 - How can DDD ensure that individuals are at the center of decisions about their own lives?

Angela Venne: Monica, if you could move back to that question slide. What we want to do is say, maybe for the next question, “What are your hopes/ goals for the people that we serve over the next five years?” The answer, you're going to want to provide right, is that DDD is able to establish a clear line of communication and I don't want to put words in your mouth, but communication with children that are involved in DCS so we can ensure that they have the care that they need and the support that they need while they're in DCS custody or care. Right?

Angela Venne: So that would be absolutely something to write down on one of our goals just to get it someplace other than all of the other places we're planting that seed, right?

Diedra Freedman: Yeah. hopefully Angie, hopefully the goal is for DDD and we've asked for this. The goal is for DDD to be the last agency of decision making for all DDD members, including those who are in DCS custody.

Angela Venne: That's a perfect way to state it. So Monica, I'm assuming you're the one taking notes, So I would put that as one of the answers for question number one.

Diedra Freedman: I know Angie, I know that you're aware because you were in charge of customer service. I don't know if Melissa was aware, but we had a District West member last year or the year before, I'm sorry, 2023, who was in DCS custody and eloped from a group home. He was a teen. I think he was 14 and the support coordinator didn't find out till five months later, not only that he eloped, but he was dead. And it wasn't for lack of trying from the support coordinator.

Angela Venne: Yeah, absolutely.



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Diedra Freedman: It was the group home in DCS that did not communicate that to DDD. So, we're personally invested in that communication.

Diedra Freedman: Plus, it's my understanding, Angie, you can correct me if I'm wrong, but we have a greater number of group homes here in District West than any other district.

Angela Venne: You know, I don't know that number. I know that overall our percentage statewide is less than 10% but I don't know what the per district it is. Is that West has the most?

Melissa Essig: West has the most and they're the fastest growing. The rate of growth is the highest.

Angela Venne: Okay.

Diedra Freedman: Yeah, central has the, they have the ICFs. So that's why they tend to be worried about the ICFs and we don't have any ICFs. So we worry about group homes.

Angela Venne: Yep. Absolutely.

Melissa Essig: I'm from the Valley far west. Yep.

Angela Venne: So, I'm going to formally ask the question again so that way if there's anyone on the call that would like to provide a response, this won't be your only opportunity. So, don't feel like you only have this opportunity to respond if you want to think about it a little bit more. But we are a small group so let's dialogue. What are your hopes and goals for the people that we serve over the next five years? Does anyone else want to chime in on what that might look like? Jamie. Hi

Jaymie Moore: Hi there. As a provider, I think we'd like to see more resources available to the members in group homes such as music therapy, art therapy. We previously had a member that was doing equine therapy and that was very very helpful. So outside sources like that, I'd love to see those available to the members.

Angela Venne: Great. Thank you.

Crystal Fox: I wish I had Christa on here. She's one of my providers that works with my daughter, who has cerebral palsy, but I think she would hope that again, she brings it up all the time. She loves to work and she loves to do things, but it causes a lot of stress and anxiety because of the money issues. And I don't think it's that the issues are wrong. I think it's just that the education to be able to really be your best self when you're motivated to work and...

00:40:00

Crystal Fox: to raise a family like she is. She has got a son. And I think that she just finished college. She's going to be a speech therapist. I just think she'd like to do all those things but still not be afraid she's going to lose services because she's very affected by her cerebral palsy.



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Angela Venne: I understand. I want to reiterate what I think you said. So, Christa is one of your providers.

Crystal Fox: She works with my daughter, Tia.

Angela Venne: And she's worried about Tia losing services.

Crystal Fox: So, no, no, no. She's worried about herself.

Angela Venne: Got it.

Crystal Fox: I worry about Christa sometimes because she's tried to do freedom to work and she's tried to do different things and it's just been a really anxiety-provoking thing. And I just think that every time when I watch her, she's trying so hard to better herself, but there's all this drama with DDD that doesn't need to be there and...

Angela Venne: got it.

Crystal Fox: with AHCCCS and ALTCS and all. I don't know if it's DDD as much as some of the other stuff, but then it's hard to get resources for her. so I just know she's got a lot of hopes and goals. I think about her a lot when this stuff comes up, like that. For me with Tia, I just would hope that they don't take anything away and that they leave everything the same. I'm always worried about that.

Angela Venne: That's fair.

Crystal Fox: I've got it. We're doing good. If everybody would just leave things, we'll be okay. But, you're always worried they always want to remove everything and then it falls apart. So,

Angela Venne: Yeah. sure.

Diedra Freedman: I think Angie, one of the things that Crystal's talking about is in the last decade, since the federal legislation, what is WIOA or something like that where we want everybody who can work working and it came out in 2014. Everybody's all supposed to cooperate with one another. Unfortunately, it really hasn't been properly implemented. But for those, who Christa, are working part-time, we've really raised their expectations because they work part-time now they qualify because they're not only are they getting SSI, but they're getting SSDI based on their own work record.

Angela Venne: Mhm.

Diedra Freedman: So they automatically become eligible for Medicare. Unfortunately that limits what is provided to them. There's a whole bunch of issues that come along with this even though we've given them all these amazing expectations for a wonderful life and it's a full-time job for them, let alone trying to actually work.

Diedra Freedman: and

Angela Venne: *Sure. It's a struggle to juggle what's going to make me, if I do too much, it makes me ineligible.*



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Crystal Fox: Yeah. And the whole advocacy part because Christa is also non-verbal. So she uses an augcom device and DDD isn't set up. I have to call for her or her mom does. You can't have a conversation with her with her device over the phone. People aren't always nice to her. They're not patient, because it takes her a minute to type everything in. So, it's set up for people like my daughter where I take care of her and I can advocate for her and stuff, but for people like Christa who she wants to advocate for herself. In fact, she's embarrassed when somebody else has to do it, it's not really set up for her.

Angela Venne: Is she able to text through her augcom device?

Crystal Fox: So, she texts Yeah,...

Angela Venne: Does she text with her support coordinator?

Crystal Fox: sometimes. But again, when we've tried to do some more complicated things, it hasn't really planned out.

Angela Venne: Yeah.

Crystal Fox: So, you'd think yeah,...

Angela Venne: Barrier after barrier.

Crystal Fox: There's a lot of barriers. so I would like to see that and improve for people like her. She would be a good one to get in your strategic plan and really

Angela Venne: At the end of this session, we're going to provide you guys with links.

Angela Venne: Share and share and share away because the more feedback we get as a Division, the better the plan's going to be.

Crystal Fox: Okay, I'll make sure she gets it.

Angela Venne: So we want her to answer that survey and we'll share the link and a QR code and stuff at the end of this. Any other thoughts on the first question before we move to question number two?

00:45:00

Brad Doyle: Yeah, I just want to add I think that DDD in the next five years should be focusing on the strategic points in the individual's disabilities transition points in their life. Such as if there's an early intervention program that there's a focus on what services are available there. When they head into, let's call it the high school years, that they're setting up there. That the parents and there's better communication really because I know I'm really well educated really ahead of the game and yet when Curtis transitioned and aged out of the school district what services are available and there is a lot more emphasis on that now but I think there needs to be a focus on those transition conditions through life. And for that matter, when Kurt's 38, pretty quick here, he still goes to a pediatrician. He may need to,...



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Brad Doyle: how the heck am I going to get him transition to a new doctor, cardiologist, all of these things that are going on. I think there needs to be all those transitions. I hope that makes sense. I didn't mean to get too longwinded, but there's so many transitions that I probably left about 10 out. And I think there needs to be a lot, loss of a family member. Whatever it might be, there needs to be focus on all of those things rather than just focus on group home, individually designed living arrangement. That's something that I think gets lost in the quest for services. So that's it.

Angela Venne: Okay. Yeah. Very well stated. Thank you very much for that. Yeah, that's really really good.

Angela Venne: All right, moving on to question number two. *"What part of their lives do members want the Division to help improve in the future? So, what part of their lives do members want the Division to help improve in the future?"*

Crystal Fox: Yeah. I'll answer that. and I'm not sure if this is the question, but I do PRC. So, and I'm a psychiatric nurse, and those individuals that are developmentally disabled that have a serious mental illness with it, the care is way below standard, way below and medication management and pharmacy management. I'd like to see, I don't know, some kind of oversight or some kind of assistance.

Crystal Fox: We have members that are 3 to one. They're still aggressive and still all these things and nobody's fixing their meds. It's painstaking sometimes to be in those meetings.

Angela Venne: Sure.

Crystal Fox: So that's collaboration.

Angela Venne: So improving their physical and behavioral health collaboration slash approach to...

Crystal Fox: Yeah. a whole team meeting when you're already three to one they're highly staffed people are getting hurt they're getting hurt let's try a different med or...

Angela Venne: how we support them.

crystal Fox: let's intervene or something yeah

Angela Venne: Yeah, That's great. What else for number two?

Brad Doyle: I would say better coordination between the Division of Developmental Disabilities, the services that they're providing, and since I work at a high school and I see firsthand the multi-disability classroom, a better coord. I don't, and here's the tough part. It's two separate areas, two separate funding, but you're getting, someone just said that the group homes, they're looking at music therapy, whatever it might be. It seems like all those therapies go away once they leave the school district. So, I think there needs to be better coordination with the services that are currently being received. I remember being at one of Curtis' I believe it was one of his plan ISPs or planning meetings with DDD and when you would bring something up they go, " *that the school district takes care of that. Talk to them about music therapy. Talk to them about it.*" I don't know how much coordination there can be.



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Brad Doyle: I can't remember if the support coordinator was required to show up at IEP meetings or if they're not allowed to attend. I think that there should be better coordination between the two programs. but know How many of them are going to be involved in it? So there you go.

00:50:00

Angela Venne: *They are allowed to attend. They have to be invited by the parent. The school is not required to invite them.*

Brad Doyle: *But how many parents know that, how many are going to be involved? So there you go.*

Angela Venne: Helping, the education piece, right, of educating parents that we can be on your team at the school's table, in the counselor's office, right? and to support you and what you're advocating for in the school system, and then we also need to support you in the home to supplement that and it should go back and forth, great point. Anything else for number two? Yeah.

Diedra Freedman: *Talking about schools and DDD, I don't understand why we're not making better use of [medicaid](#) in the schools program.* There's a push with behavioral health that's coming down federally. There was legislation during the Trump administration. So that was four years ago. I think it was six years ago. I think it was 2018 and then we kicked the can down the road until we had to implement. Unfortunately, it looks like that funding should be coming through DCS because the whole purpose of that funding is to keep families together from the opioid crisis and keep those kids out of foster care.

Diedra Freedman: But that money is available and our delivery system right now is the Medicaid and schools program. All these kids go to school. Why can't we show schools how there can be better use of that program so that they're providing things and coordinating with DDD so that these kids are getting everything that they need and everybody's talking to each other.

Angela Venne: which is better educational outcomes, right?

Diedra Freedman: Which leads me to the question that I put in the chat. I don't know if you're aware, but I opened my email a few minutes ago before we got in the meeting and there was an article in Disability Scoop about the genetic testing breakthroughs in 2024. so there's going to be all kinds of new physical medical care coming down the pike. I remember when the testing came out, if you go to a neuro, to an adult neurologist, the first thing they do is genetic testing to find out how you're going to metabolize the medications. When that test first came out in 2007, I walked into my son's developmental pediatrician and said, "Can we have this test?" And he said, "I can order it, but I don't know what to do with it." Okay, we're now in 2025 and they're beginning to use the test in pediatrics. Why this test isn't given to every newborn, I don't understand. But instead of being the follower, is it possible in Arizona? Because you now have a medical staff with some very competent people. Dr. Loki talked to us a couple months ago.



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Diedra Freedman: Why can't they be the leaders in the medical field instead of being reactionary? Why can't they be proactive? you did it with behavior health with those courses. Why can't you do it with the medical community in medical physical health? and also obviously it's also going to revolutionize those early intervention services. Unfortunately, between the great recession and COVID, we lost, you look at the studies that are coming out now, kids lost years and unfortunately for a lot of them, those are permanent losses.

Diedra Freedman: So I know when my son was diagnosed in 2003, it was get in there early and as intense as possible and then of course AHCCCS changed the eligibility criteria for ALTCS. So it made it more difficult to become ALTCS eligible which makes no sense because you have more individuals. What did you say 8% for DDD with 1.5% growth for the population.

Diedra Freedman: Our

Melissa Essig: Yes. And get this, because I'm working on the report now. Over 80% of new membership is between the age of 0 and 11. So what you guys are talking about, I keep thinking all the stuff I'm working on is coming together because you were talking about transition. So think of if 80% of our new members are 0 to 11, how important supporting them through adolescence and then moving on to adulthood. We're going to have such a high volume of need for that. So, I hear you. You guys are coming up with really good stuff.

Angela Venne: Mhm. Absolutely.

00:55:00

Angela Venne: Last round. Jaymie. You're probably looking for your mute button. Or did you take your hand down, Jaymie?

Jaymie Moore: I thought I did both. I'm sorry. What I wanted to share was, I have been to some counseling sessions with the members from the group home and one of the members at one time said something so profound when he started counseling. The counselor said, "What would you like to get out of counseling?"

Jaymie Moore: And he said, "I would like to be as normal as possible." And the counselor said, "What do you think would help you be as normal as possible?" He said, "I like to be with my friends." And some have opted out to not attend the daytime program. However, I know that all of the members we've ever encountered like they do love having friends. One of the things that they get to attend every year is Tim Tebo's Night to Shine. Where it is a paid event where they get to walk down a red carpet, they introduce them on a microphone, and they get to go to a dance and meet others with developmental disabilities. And they look forward to that every year. And what I've been thinking about is, I wonder if this DDD could host something like a Christmas formal, an Easter dance or something like that where the members could get out of their own small social circle. For example, if they live at a group home and they don't attend a DTA, they might not have any friends outside of the group home.



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Jaymie Moore: And if they do attend a DTA, that might be their circle, but they could expand it. Additionally, with the members that I've encountered, they've lived in multiple group homes throughout their adult life and then they could visit with members that they used to live with, which I don't know, across town or they moved, another city and they could visit with them. And I've seen some reconnections with members with some people that they used to live with and that's just so heartwarming. So just something to maybe think about some type of socialization on a larger level and outside of the Monday through Friday DTA.

Brad Doyle: Arizona Ballet has the Nutcracker Angel Night every year and it's the very first night and they hand out free tickets. That's how Curtis started going. They. Oprah sponsored it, paid for all of the tickets for the first opening night. And the best part about it is they call it angel night for people that are less fortunate. And the person gets up and says, "It's okay if you make noise. It's okay if you do these things. It's a wonderful, wonderful thing. And the best part is what Jamie just said. All the kids get dressed up. They put on suits. The girls get dressed up. And this is when Curtis was still going to the high school at Cortez. The person set all this up. And to this day, me and Curtis every year go to the Nutcracker. Brad's got to put on Curtis gets his new suit, new tie. And that is something that I just want to make sure that Jamie knows about that. If you were to reach out to Arizona Ballet, I actually send them money so that I can sponsor some people for that, for the opening night.

Chat Message: Brad Doyle: Angel Night Nutcracker AZ Ballet

<https://balletaz.org/community-engagement/special-engagements/community-angel-nights/>

Angela Venne: What city are you in?

Brad Doyle: I'm in Peoria, and the Arizona Ballet's downtown, but if you contact them, they're really good. It's a wonderful thing that they do.

Angela Venne: And Jaymie, what city are you in?

Jaymie Moore: The group home is in Avondale.

Angela Venne: Okay. Got it.

Diedra Freedman: Yeah. Is there any reason, Angie, why the volunteer and community and...

Diedra Freedman: community involvement people DDD has two of them. Why not go out and get community sponsors rather than looking for DDD to pay for this. I know the last luncheon that was done there was all kinds of door prizes that were donated. Why can't they work on getting the community involved which would.

Angela Venne: Like for social events, like I volunteer with Civitan and...

Diedra Freedman: Yeah, it would open doors. Mhm.



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Angela Venne: We partner in with Tucson Parks and Rec and we host a dance every month for adults with developmental disabilities. So that population that kind of gets dropped off when they stop going to high school or when they stop going to school, they have that dance to look forward to and it's a blast. We always have a theme like there's definitely opportunities to expand that in other cities. I mean, that's just a small piece of the bigger problem.

01:00:00

Diedra Freedman: *But it's a building block because, when you get people from the community involved with DDD members*, then it's no longer that person that lives in the group home. It's Tibby, my neighbor.

Angela Venne: Yep. Absolutely.

Diedra Freedman: And I'm kind of embarrassed...

Angela Venne: What? Mhm.

Diedra Freedman: because I know that there are group homes in my housing development and I don't know who they are. That information is kept secret from us. I understand HIPPA in privacy, but sometimes we use it as both a sword and a shield, and I don't think that it's good for our members. We want them integrated in our community. We want them part of the community and part of the activity that's going on. So, what can we do to encourage, there's got to be retired people who'd be more than happy to do stuff with them. I mean, we're 10 minutes from Sun City.

Angela Venne: Yeah, absolutely.

Chat Message: Monica Ramos: Survey Links

English:

<https://docs.google.com/forms/d/e/1FAIpQLSf1eguUDfEpZHPTINPNsxzfYZaGgBVuvmTM8ZbhXg8dR6l10g/viewform>

Spanish:

<https://docs.google.com/forms/d/e/1FAIpQLScftK4VDphRRM44rbZaF7oENolwBTORTXt7g-wiHi-1l516jw/viewform>



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Angela Venne: Good thoughts. All right, I'm going to move us along. If no one has anything else for the second question, I'm going to move on to question number three, which is, how can DDD ensure that individuals are at the center of the decisions about their own lives? Brad, I have a feeling you're going to jump in real fast on that question based on what you said earlier about Curtis.

Brad Doyle: Yeah, I would just say that to get. Okay, everyone's got their functioning level, because I'm Curtis's parent, I try and I've done this, I've worked at it for quite some time. I remember when people would say, "don't take him to the football games or the baseball games or whatever it might be." I just kept going,...

Brad Doyle: kept Took him to the high school prom, did all of those things. So, I guess the way that I would look at it would be I'm trying to think of a way to word this. The individual is a person- centered plan. They focus on that. I think DDD and the parent, family, guardian, whoever it might be, group home, whoever the primary caregiver is. Try to get that individual to be able to give what they want to do.

Brad Doyle: whatever they're able to communicate if it's gesturing, whatever however much it is that's pivotal in their life. There's a girl at my high school, she tries to use her communication device with her eyes. She can only move her eyes up and down and shake her head a little bit because she's severely disabled. But she's all there. She's smart and she can say yes or no by rolling her eyes up and down for yes and then shake her head a little for no. And now she's even moved into verbalizing. Yeah. Yes. She can only say yes. But she sat there for the first 6 months in my cafeteria and no one walked over to me and made me aware that she could say yes or no.

Brad Doyle: So then I focused my entire lunch program about getting it down to her so she could pick her lunch every single day. And I remember I talked to a parent that's recently lost her son who had the same thing. He was all there but he could only use his eyes in the communication device to communicate.



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Brad Doyle: And I asked her and said, "So I explained to her this girl, Shonce, and I said, 'What do you think, should I?' And I'm trying to work on her lunch and she goes, " my god, if you can somehow get her the ability to pick her lunch, just think about that. If everyone made every decision in your whole life, including let's just get her pizza, let's just make her a chicken sandwich, whatever it might be."

Brad Doyle: Just that small thing could, it's and again with autism the reason why Curtis is stuck structured and stuck to rituals is because it's all he's got control over. Now you can make the argument that that's part of his disability, OCD or whatever but I also think that that's the small things that they've got control over they're very protective of. So I would say yeah, they need to somehow work with them to get that person to be able to communicate. And it's a challenge because it's just easier to move forward. It's much easier just to make the decision and move on with the planning meeting or whatever it might be.

Angela Venne: Great feedback. Who else wants to chime in on this one? How can we

01:05:00

Diedra Freedman: *One of the things, it's embarrassing, for me, being on this IOC for six years. We do not have a DDD member on this IOC. I think it* should be a goal that we have. As far as I know, we have one DDD member who is a member of all five.

Crystal Fox: Yeah.

Angela Venne: Mhm. And that's great. Sure.

Diedra Freedman: Only one has a DDD member. And I think that it should be a goal that each should have at least one, hopefully more with the appropriate supports. I mean, I haven't recruited anybody because I'm not sure of the supports that they need. I know AHCCCS is looking to get members with disabilities on some of their new committees that they're coming up with, their advocacy committee, but if we could work on figuring out that. I understand it'll be individualized supports, but the supports that they need so that we can recruit.

Diedra Freedman: I mean, we're waiting to recruit Crystal's friend, Christa, because she's in school right now,...

Angela Venne: Yeah.

Diedra Freedman: But as soon as she's done, but, she's not the only individual. There's a lot of DDD members. I'm sure Jaime's got somebody in her group home who could participate if they had the right supports and services to participate.

Angela Venne: That's a great point. That's great.

Diedra Freedman: We haven't heard from Maria. Maria, do you have anything that you want to add?

Maria Blandon: Not right now, but thank you.



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Angela Venne: That is fair. Okay, let's

Crystal Fox: The only thing I can think of with this, and I don't even know if it makes sense, but I keep coming back to it, so I'm going to say it out loud, is early on when Tia was little, she was so aggressive and so difficult to take out in the community. Luckily we did it anyway. Luckily, my family just supported us and we all went out together and my son got big enough, my oldest son, that he could help me manage her and stuff. But I think it's a problem that we don't support the kids who are 7, 8, 9, 10, at that younger age in the community because there's so many people that I know that then once they become adults, they never can leave their house because they have no idea how to be in the community because they lost all those years of getting out there no matter what.

Angela Venne: We all have to learn how to be social, we're not born with that skill.

Crystal Fox: Yeah. And then there's. Right.

Angela Venne: And the only way to learn it is to be exposed to opportunities.

Crystal Fox: And you have to remember there's, like I don't give a crap what other people think of me, but a lot of people do. And they're very, very Yeah.

Diedra Freedman: So, we were at a play last month and Crystal was very considerate about the other people around us. So, you don't care about their attitude,...

Crystal Fox: Yeah. Yeah.

Diedra Freedman: But you care about their comfort.

Crystal Fox: Yeah, I do. because my daughter hums the whole time during the play. She thinks she's singing and so I worry about when they pay a lot of money for something that we're interrupting. I want to go to that nutcracker thing the day that they say that they can sing and hum. But I see and hear a lot even in the group homes and stuff people who don't want to leave people who just can't even function because of what they missed when they were kids. And so Melissa was saying that she's got a lot of new members that are at that age. That's such an important age to provide habilitation and support to the families so that there's more so people can go out together to the grocery store places with a provider. These kids take more than one person and especially if you got a family. So that's the only thing that

Angela Venne: That's really good. So a lot of that, what you say sometimes comes from the parents really being supported in the thinking of its not just about keeping them safe, the dignity of risk and the ability to get out there, but that DDD can't enforce that. But what could DDD do to get parents to go beyond just being safe and supporting that family in supporting the individual? Okay.

Crystal Fox: They need to have events that are autism friendly events. So, the movie theater, an autism friendly movie theater night, autism friendly Broadway theater, there's a Broadway theater up here in Peoria. That's the one we tried to take Tia to.



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Angela Venne: more opportunities for inclusion, right?

Crystal Fox: somehow. Yeah. No, no. I mean,...

Diedra Freedman: Yes. Right. Correct.

Crystal Fox: But yeah, she's good. But again, stuff. But Tia is good, but how many other disabled people did you see there? The one had a couple of kids that had Down syndrome. You don't ever see, Never see people like Tia in any of these events. So

Brad Doyle: I've always taken Curtis out and I would say that what I guess DDD could do there would be to give the parents the supports so that what Crystal just said is what I feel too and I'm a really strong person. I worry about what everyone else is thinking and I know because I've been with Curtis when he's very much younger and it makes you hesitant to go back out in the community and...

Angela Venne: Yeah. Mhm.

Brad Doyle: I'm a really strong willed person with tons of support. I can only imagine someone that's maybe only speaks Spanish or whatever it might be and they're getting stared at in public. I was raised by a very strong father. You don't care what anyone else thinks. You worry about yourself and if someone else has a problem, it's their problem. That's the way that I was raised.

Brad Doyle: I guess what I would say is, counseling for the parents somehow pointing out to the parents that Arizona Ballet has these functions that AMC theaters has autism sensory friendly and I guess even getting asking AMC to maybe send in some supports to some free stuff because it's a challenge and I'm Curtis is 38 and I still think about others when I'm at a movie theater or whatever it might be. It still comes into your head. And it shouldn't be there, but it is.

Angela Venne: Sure, sure.

Crystal Fox: I get that once a year they should meet in the home to make sure everything's okay, but why can't the support coordinator meet out in the community?

Brad Doyle: Here shout out to my support coordinator.

Crystal Fox: The family needs support.

Brad Doyle: We just met out in the community. We had our 90day in the community and that was at his suggestion,...

Crystal Fox: Yeah, I've suggested

Angela Venne: Nice. You have to be careful because you're talking about pretty sensitive stuff, and we don't want to violate anyone's privacy.

Brad Doyle: Of course. But if you're at a restaurant and...



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Angela Venne: Be smart about it. Yeah.

Brad Doyle: you go or whatever, a fast food restaurant, you go over to a booth. Yeah, go through and we can do that in addition to meeting at the house and going over the planning document. There's those opportunities to go out for a quick burger so they can see how that person functions in the community. Of course.

Angela Venne: Absolutely. Absolutely. Great stuff. Any other thoughts on the last question, Maria?

Maria Blandon: So, I wanted to add up to the socializing aspect. I wanted to share that our current problem with my little brother, Gian was to try to find a school that both meets his special needs, but also includes him with the other kids because I remember when he will go to a public school, it will be him in one table, with the provider and, trying to meet his needs, but that will exclude him from the other kids, and then he will go to a special school and where all his needs will be met ...

Angela Venne: Yeah.

Maria Blandon: but there wasn't much of the socializing aspect he will be like the kids with special needs but not with the rest of society and that it's like being hard on him when we go out to the movie theater theater where someone was saying so I think a program in school when it's public in public school especially where the kid can be included while also meeting his special needs or her special needs will be really helpful.

Angela Venne: *That's great and it's so true. And it really is at the mercy of what teacher you get or what school it is and what their experience is and how they* because you could put down the rules all day long, right, about what needs to happen, but actually having it happen and be organic and really be inclusive sometimes it's really really hard. It's a gem when you can find it.

Brad Doyle: Hey, hey, Maria, look into the Best Buddies, what they do is link up a person that's I'll use the bad term, normal, and Best Buddies then hooks that person up. And it's a person that's like you, that likes kids with special needs wants to help out someone almost like a big brother, big sister thing, except it's someone there at the school that's willing to volunteer and be a friend, best buddies. And then they even do stuff outside and they can then incorporate that person in with all of their friends. There's a lot of good people out there that are like you, Maria.

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Crystal Fox: *Best Buddies is awesome. You should check that out* and see if they have it cuz Tia did that as well and went to a prom and everything. So, it was cute.

Angela Venne: Yes. Nice.

Diedra Freedman: So, Angie,...

Angela Venne: Okay. Mhm.



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Diedra Freedman: That might be something that the DDD volunteer coordinators can work on building those relationships.

Brad Doyle: You brought up going out to the group homes. You can't tell me that everything ends. Big boy, big big sisters, big brothers. Everyone knows it's a normal kid at age 18 or whatever. Everybody moves on with their life. I think that there might be someone like Maria that's in their 20s or 30s that says, why not stop by the group home where and just like me there's probably five of them that are close by my house now that maybe I could have went over with I don't know Christmas cookies or something but again you got to be aware of what's out in the community.

Angela Venne: Any last thoughts on any of the three questions before we let Melissa do a wrap up? All right. De, I see that you added another question. I think you touched on the genetic testing, right? So, I think we should say we, DDD, should and then instead of making it a question, make it your comment.

Melissa Essig: Yeah, it should be down there.

Angela Venne: For all right. Melissa, do you want to talk about the survey or do you guys want to go to the next slide and I think the survey link is on the next slide. Excellent. So, Monica, maybe you could switch.

Angela Venne: All right. So, what you're seeing there is the QR code. So, if you're tech savvy and you want to take your phone and scan it, that'll lead you right to the survey, which is basically the questions written out, but also some follow-up questions because we weren't able to dialogue with the person obviously taking the written survey. but the link is also I think that's on the next slide.

Diedra Freedman: Angie, if you put that on the DDD Facebook page and...

Angela Venne: Yeah. ...

Diedra Freedman: You let me know where I can find and share that post.,...

Angela Venne: Okay.



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Wrap Up & Next Steps

Complete the Strategic Planning Survey by January 24, 2025.



English



Spanish

Diedra Freedman: Unfortunately, you can't share it in groups or I don't know how to share it in groups. but if you give me step by step how to do that,...

Angela Venne: Mhm. Uhhuh.

Diedra Freedman: I'm in nine different groups, support groups for parents of kids with developmental disabilities and comp and one of them is complex medical needs. So, I'm happy to do that along with the Arizona Autism Coalition Facebook page, but I don't have the tech tools.

Angela Venne: Okay.

Diedra Freedman: So, you have to make it, there's no better word to use, so I'll say it about myself. You have to make it idiot proof.

Angela Venne: So, I'll do two things. I don't know how to do the Facebook stuff, but I'll talk to Joe tomorrow and we'll get that done. but also I'll email you the link and the QR code so that way you can copy them and paste them into a post that you might want to do. And I heard I think, god this week is such a blur, but I think it was on Tuesday we participated in one of these sessions and as of Tuesday we had only had what nine responses from the community so far.



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Angela Venne: And we've put out a couple of different ways, like mailers. We've done a couple of info sessions. We're having sessions like this week. This team is really really cranking them out this week. So, we hope it'll go more and the holiday was kind of, we expected things to be slow, but we need more feedback. So, anything you do to get the word out?

Diedra Freedman: If you...if you extend your time beyond January 24th,...

Angela Venne: Yeah. Yeah.

Diedra Freedman: On January 25th, the Arizona Autism Coalition has a day of learning and there'll be about 100- 125 people there. So, if you get us the materials, we can get the word out. And the other thing is Midwestern University has a special needs fair on that same day on the 25th.

Angela Venne: Mhm. And...

Diedra Freedman: And so if you send somebody to that special needs fair, I'm sure that you can get participation, but you're going to have...

Angela Venne: where is that? Okay. And what's the event called De?

Diedra Freedman: Midwestern is in Glendale. Midwestern University, they have a medical school. They have an OT program.

01:20:00

Diedra Freedman: I'll look through my emails and find it and email it to you, but it's some sort of special needs fair,...

Angela Venne: Okay, perfect. Okay. Yeah,...

Diedra Freedman: a resource fair.

Brad Doyle: I got my survey via email from DDD, clicked on it, and I've already completed it. I think I got it sometime last week.

Angela Venne: You did. Yeah, I think you're the first nine. Yep.

Brad Doyle: Sometime last week. Sound about right? I would say extend. You need to extend that deadline. And I think, by the way, the survey was much better. Wasn't way too long. It was much more like the surveys that I complete for other things. It was very very good. It had enough but not too much.

Angela Venne: That's really good feedback.

Diedra Freedman: I don't know who picked the timing of the week between Christmas and New Year, but that's poor planning.



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Angela Venne: I agree. We definitely will propose extending it. I think they were kind of throwing that idea around of extending it anyways, weren't they, Melissa? I'm not on the project team, so I don't know. I shouldn't speak for them, but.

Melissa Essig: Yeah, I think a couple of the stakeholder meetings were going to go a little bit later, so they were talking about it and we'll definitely share with Thelia the opportunity that it could expand our ability to get input.

Angela Venne: Okay. Yes,...

Brad Doyle: *Could support coordinators share that link out to the families via email or not?*

Angela Venne: Yes, they absolutely can. And we will be talking to support coordination. We were a little bit hesitant to send out. It got a little complicated. We were worried because support coordination also took the survey but we separated them from families and we didn't want support coordinators to get confused.

Brad Doyle: I got it.

Angela Venne: So we were waiting a little bit till we sent them the link to send to families.

Brad Doyle: I just think that so it's a lot of families. Me, I got the survey. I read it and I kind of skimmed it and was about to go past it and then I went, "Hold on, wait. Survey." Okay, there's the link. So, if I'm gonna do that, a lot of families may not even go there. And also, I wonder if there's one available in Does it get sent out in the appropriate language? So, if I was Spanish, would I receive it in Spanish?

Angela Venne: Let's see you want to speak to that. I think they opt for a Spanish member newsletter is how I understand it.

Diedra Freedman: There's two QR codes that I'm looking at right on the screen.

Brad Doyle: That's perfect.

Brad Doyle: Got it. I just wanted

Angela Venne: Yeah, there's definitely two surveys. I just didn't know I think the member newsletter also goes out in Spanish. So, the one you got in English, someone that opted for Spanish would get the Spanish version of that. Yeah.

Diedra Freedman: Do you Angie, do you know if they're sending this to every chamber of commerce in the state of Arizona?

Angela Venne: Melissa. Yeah.

Diedra Freedman: let's get community involvement and...

Melissa Essig: I do not know, but we can definitely look into that.



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Diedra Freedman: also every municipal government in the state of Arizona. Get the word out.

Brad Doyle: Can we get OIFA from Mercy Care and some of these other folks maybe or not?

Angela Venne: I think Mercy Care I don't know whether or not I would imagine we have shared with them and I think we did a stakeholder meeting with them as well. Melissa, how does that work?

Brad Doyle: No, I mean just to get to whoever to have them email it out. I don't know.

Angela Venne: Sure.

Brad Doyle: I'm just brainstorming how to get you guys more surveys.

Angela Venne: Yeah. Yeah.

Melissa Essig: I'm taking down all the suggestions and we'll bring them back with the group. Yep.

Brad Doyle: Just brainstorming.

Angela Venne: No, that's good. We want it. We like it. Wendy, do you know if you guys send out surveys that we, like on behalf of DDD or is that not something that you guys tread on? Okay, no worries.

Wendy Herring: *I can't speak to that but I can find out certainly.*

Melissa Essig: I know we've partnered with the health plans, we did surveys like training curriculum. and they deployed surveys, but it's definitely a good idea. I can bring it back.

Angela Venne: Yeah. Yeah.

Angela Venne: Absolutely. Yeah.

Diedra Freedman: They could at least put it on their patient portals or their member portals.

Melissa Essig: All right. So, just looking at wrapping up. I don't know if you guys have any additional questions. As we had talked about earlier with our timeline, we're continuing this gathering input phase at least through the end of the month, possibly longer. And then we'll look at defining priorities and setting a plan, which you will have an opportunity to give feedback on when that's drafted and before it's finalized. I don't know if you guys have any questions.

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Melissa Essig: It was nice meeting all of you and thank you for giving us time.



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**Discussion on the December 16, 2024 Department Of Justice's Report of
Arizona's Department of Child Safety**

<https://www.justice.gov/crt/case/arizona-department-child-safety>

Diedra Freedman: Next item on our agenda is discussion of the December 16th, 2024 Department of Justice's report of the Department of Child Safety. And if it's on my agenda right now,...

Angela Venne: Wasn't it slotted for the January 22nd all IOC committee? Okay.

Diedra Freedman: It's on our agenda right now. So I don't know if she's got anything to add to an update that you can give us, Angie, even Okay. Yeah.

Angela Venne: I don't have an update. It's on both agendas, Michelle says. Okay. So, I think I do not

Diedra Freedman: so then that's a moot question if you don't have an update for us, but we definitely want the Division to know that we're very concerned and we want to know what the division is going to do about division members to make sure that they don't get discriminated against and whether or not there's any movement forward. I understand that it is a tough nut to crack with DCS and you have been trying for the last 5 years. Yeah.

Angela Venne: and we will continue to try. Absolutely. But I don't have any feedback or any updates as far as since the report came out. But I do know that it's on January 22nd's agenda as well. So we may be able to have someone. I don't know.

Diedra Freedman: And just on the record, one of the biggest fears for parents who take their kids who have complex medical needs and are DDD members, one of their biggest fears is if the parents don't agree, whatever, with the care plan that Phoenix Children's Hospital is pushing, all of a sudden the hospital is putting in a report with DCS and two decades later they're still worried about their children being removed. So it's a serious problem for our members and we want DDD. I understand that DDD does not decide whether or not the children get removed. That's a DCS decision but these are our members. So it's a serious concern for parents.

Melissa Essig: Angie, what agenda did you say it's on?

Angela Venne: Michelle could probably speak to it better, but I believe, as I'm learning, all of the IOC's have a statewide meeting.

Michelle Rademacher: Yeah.

Angela Venne: Is that quarterly?

Diedra Freedman: Yeah. Yeah.



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Angela Venne: Quarterly and their quarterly statewide IOC meeting is scheduled for January 22nd.

Melissa Essig: It's probably not related.

Diedra Freedman: And it's as long as we're on the public record...

Melissa Essig: not related, but I can tell you that after two and a half years of trying to get data reinstated because we had a data sharing agreement with DCS, we were successful in just getting data so that we can reconcile and identify individuals in DCS custody.

Melissa Essig: So, we do have that data agreement back up and going and then we turn around and share that with the health plans so that they're aware. That was on hold for two and a half years.

Diedra Freedman: because this is a public meeting. We understand that this is an ongoing issue for the DDD staff of frustration that you guys have worked very hard at this and it's not the responsibility unfortunately or the juggernaut

Diedra Freedman: is not coming from DDD leadership or DDD staff. It's coming from DCS. We had someone from DCS attend one of our district west IOC meetings and they basically did not answer our questions. The other question that we don't understand and again this is an ADOA issue. We don't understand how statutorily there's supposed to be an IOC for DCS and there isn't. So, we're worried when DDD members are in DCS care and DCS is no longer the decision maker or DDD is no longer the DCS becomes the decision maker.

01:30:00

Diedra Freedman: We're seriously worried about our people. and this is an issue we've been talking about for the last six years. And again, every time we have a DDD staffer, including Jeffrey Yamamoto, who has spoken to us, even though they try to be very professional, it is very evident that the log jam is coming from the other side. It's coming from DCS. It's not coming from DDD. So, I just want that clear on the record.

Discussion, Review, and Possible Action on Committee Membership

Diedra Freedman: So, are we ready for the next item on our agenda? Michelle, do we have any proposed committee members that I don't know about?

Michelle Rademacher: No, not at this time.

Discussion and Review of Incident Reports and Behavior Plans

Diedra Freedman: Any discussion and review of incident reports or behavior plans that any committee members want to bring up?



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Discussion, Review, and Possible Action regarding any policy issues of concern to IOC Members including requests for education presentations

Diedra Freedman: Any discussion, review, and possible action? Did I see a hand go up? No. Any discussion, review, and possible action regarding any policy issues of concern to IOC members, including requests for education presentations? I do want to make the committee members aware that DDD has been very active, you know because you get the emails, rewriting DDD policy so that it is aligned with AHCCCS policy and one of the things that DDD has been working on in the last few months is, thanks Melissa.

Diedra Freedman: Hopefully you'll join us again. One of the things that they've been working on is being very clear about what's expected of support coordinators. So, I haven't seen anything objectionable that I have a problem with. So, I've seen good stuff coming out of there. The one thing that we're hoping for, and we say this every meeting, is we're hoping that DDD makes its, changes its culture and makes staff be accountable for the paperwork, that it needs to be transparent, it needs to be adequate, and it needs to be timely because they're medical records.

DDD and AHCCCS Policy Notification Review and Discussion

Diedra Freedman: and I know DDD is working on training, but it can't come fast enough in my opinion. So, is there anybody else who wants to talk about it? DDD/AHCCCS policy notification review and discussion. Now we're at DDD staff updates. Michelle, you want to take it away, please.

DDD Staff updates

Michelle Rademacher: Sure thing. Angie, I know this is your first official meeting here this evening. Did you have an update for the committee by any chance?

Angela Venne: I wasn't prepared to give staffing updates but some of the general DDD updates, as that, she actually already mentioned it in the strategic planning presentation about the January 1st was the new contract procurement. We have open solicitation for certain services and thankfully therapies are on there because I know that they're struggling for years and years and years have struggled to get therapy providers so that stayed open as we solicit moving forward. There's other services as well that are being solicited and those can be found on the website. I think there were 862 qualified vendors approved out of the thousand and some change applications that we got and we did have some members that had to be transitioned. Everyone has been transitioned to their new service provider, if they were receiving services or day program or group home successfully, if their provider's contract ended. All members. There's a couple that are still pending but they're being supported by the previous agency. So they're not without services as far as the new contract is concerned. Brad

01:35:00

Brad Doyle: Yeah, I just have a quick question. Maybe I'm a little confused. Is DDD and/or AHCCCS accepting, let's say someone is opening a new agency, are they accepting applications now? Because I've heard conflicting information.



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Angela Venne: So it's based on the service. So yes, we absolutely would accept an application if their agency is certified to provide that particular service.

Angela Venne: So we didn't...

Brad Doyle: attended care, HAB, respite, DTA, all if they're certified to provide those services.

Angela Venne: So, attendant care didn't make the cut for solicitation. Let me actually pull up the list and...

Brad Doyle: Okay. ...

Angela Venne: I can Yeah,...

Brad Doyle: perfect. Thank you.

Angela Venne: Absolutely. Might give me one second to find the link, but it's available on the website. So, we always have a gap in finding therapy providers. So, we would never say we're not asking for new applications for therapy providers, that kind of thing. If we have enough attendant care providers in the pool of agencies that are already contracted with the Division, then we wouldn't have that open.

Brad Doyle: Okay, perfect.

Angela Venne: So Yeah, I don't think I articulated that well, but hopefully that helps.

Brad Doyle: No, that's good.

Angela Venne: Let me get you the link and then you can see exactly what service.

Chat Message: Michelle Rademacher:

<https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers/become-a-qualified-vendor/contract-info-for-qualified-vendors>

Chat Message: Michelle Rademacher: here's the link for the current procurement which opened up 1/1/25, scroll down to the announcement

Chat Message: Michelle Rademacher: On November 30, 2024, the Division posted the list of services open for solicitation on January 1, 2025. These services will be procured through the RFQVA DDD-2024 and vendor initiated amendments to their existing Qualified Vendor Agreements (QVA). The service list is located on the Contract Information for Qualified Vendors webpage in the Services Contracted under the RFQVA section. Note that not all services listed in the RFQVA DDD-2024 are open for solicitation. Qualified Vendors interested



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Chat Message: Michelle Rademacher: Qualified Vendors interested in providing Transportation should anticipate providing the service in association with Employment services, Day Services or other HCBS. Applicants submitting an application for Transportation as a stand-alone service will encounter barriers to receiving an approved Provider Participation Agreement (PPA) and AHCCCS ID for their business if the only service on their request for a PPA is Transportation. An AHCCCS ID is required to provide services under a Qualified Ven

Diedra Freedman: Angie, do you know DDD has changed its accountability behavior, but have they come out with any sort of statement and how they're going to enforce the new QVA and what they're going to do about auditing and standards? I mean,...

Angela Venne: I have not been privy to anything that has changed, but I can absolutely find out and get back to you. Mhm.

Diedra Freedman: I can tell you their behavior is that they are holding people accountable to the timelines, or the timeliness requirements that are in their procedures.

Diedra Freedman: Unfortunately, it wasn't done in a cooperative spirit, but it is being done. So, people need to understand these are the rules and the rules have to be followed and you have to know the rules. So, I just didn't know if DDD is doing that organically or they're actually stating that. I just haven't seen a press release coming out saying, "Hey, the new QVA went into effect January 1st and we mean what we say. Whatever is in that QVA, you need to follow that and you are going to be held responsible.

Brad Doyle: spoken like a true compliance officer.

Angela Venne: I was gonna say. Michelle beat me to it.

Angela Venne: Thank you, She put the procurement list, the services that are open. I think it is the same link.

Michelle Rademacher: So I'll put the link in there. So, there's, When you scroll down through the web page, then it has the procurement announcement and you click on the link and...

Michelle Rademacher: and it opens it right up. So, I'm going to get the link in there, too.

Angela Venne: And I'll show you what that looks like. So,

Diedra Freedman: So Brad telling my clients for almost four years now that they need to get their act together and they need to follow the letter of their agreements and they laugh at me because nobody's held them accountable and now they're starting to be held accountable. So, I think it's wonderful that they're being held accountable. Yeah.



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Angela Venne: I did see some of that when we were going through the contract process that a lot of agencies really put off to the last minute because we're not so good at pulling the trigger. I know that's not a good analogy, but yeah, it caught quite a few providers off guard. Yeah. so the link that Michelle put in chat, it's going to look like this when you get there. It's the section for qualified vendors and this will list exactly what services are open.

Angela Venne: So Brad, to your question, you'll see it here. Attendant care, you said that as an example. It's actually closed. So the ones that are open are going to be listed under solicitation status open.

01:40:00

Brad Doyle: Perfect. Thank you very much because I've heard one thing and then another thing and then I just. Thank you very much. Clears it up.

Angela Venne: Yeah, Absolutely. My pleasure. It's true.

Diedra Freedman: So DDD is acting more like a health plan every day.

Diedra Freedman: There's nothing wrong with that, Angie. Nothing wrong with that at all.

Angela Venne: As long as we stay member centered.

Angela Venne: Michelle, what's next? Or De, you're the one running the agenda, right?

Diedra Freedman: No, Michelle's running this part.

Michelle Rademacher: Diane, would you have an update tonight by any chance?

Diane Kress: I don't have much. I know we talked about, a little earlier before everybody joined the call. So we have two positions for staffing that are open. They are investigative nurse positions at this moment. De, you were asking about the numbers of what we have had as far as deaths. It was interesting that I did pull some stats for that and it looks like for the year of 2024, the district west we had 75 deaths. And that's again it's just the category. So it's not like I know we have two category types, the unexpected and expected. So I just pulled a list of how many that we had within the district west for this past month.

Diane Kress: For December we entered into the focus, we had 700- 748 incidents and in comparison it's interesting that last December we had 636. So I believe it again we aren't the largest district, as far as members, we're actually the second largest. We do have the largest geographic area as far as group homes, so that is again we do have quite a large growth within the west so other than that right now again January so far, up until the 8th, we've entered 190 incidents compared to last year 208. So we have seen a decrease which is good but it is interesting of the data that we've pulled. We are sharing more about what is an incident, giving some more education to our qualified vendors as well as sharing it with our support coordination as what is a reportable incident.



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Diane Kress: And I think that's one of the things that's really been helpful across the board. And of course with our entry staff, we do educate our vendors when we do receive incidents that you just kind of give them a little bit more help and guidance with what information to include, because again, I know we've all been asking when the portal again, we're still kind of waiting. So we hear a little bit here and there, but nothing official.

Diane Kress: So we do have an opportunity, I know we do a lot within Google so our incident reports are viewed pretty much in a live form within our triage department. So they do see the full 11 pages of the incident, which in the past, we had the ability but again we are dealing with real time within our incidents that are being reported. So other than that that's all I have. Is there any questions for me?

Diedra Freedman: No, we appreciate it. Larry. Okay.

Michelle Rademacher: I don't know if. There you go.

Updates from Arizona Department of Administration

Lawrence Allen: Good evening. No updates from ADOA this evening.

Updates from Integrated Health Plans & AHCCCS

Diedra Freedman: Our health plans. Ian

Ian: Thanks, De, nothing from United Healthcare, but I'm more than happy to bring anything back to the plan or if you have anything specific you'd like me to talk to Dawn about, just let me know. Okay.

Diedra Freedman: I do. I would like United Healthcare, and I'm asking the same thing of Mercy Care, because Phoenix Children's Hospital is an in-network provider for both plans. I would like to know what they are doing about the DDD members who have Cross Blue Shield as the primary but a DDD ALTCS health plan.

01:45:00

Diedra Freedman: Why are these people being told that they have to have out of network benefits on their Cross Blue Shield plan in order to have supports and services covered when that's not true? According to AHCCCS, I've heard from Christina Quast and I have an email to the effect that those services should be covered by the health plan and somehow in my speaking with the health plans. I don't think that information is, that misinformation is coming from the health plans. So you are in network provider. Why aren't you telling them to straighten up and fly right and cut it out because they're causing all kinds of distress to families?



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Diedra Freedman: We had a mom who posted in a Facebook group over the weekend that her child was spitting up blood and she was afraid to take her child to the hospital even though the child is a DDD member caused covered by the secondary because they have Blue Shield as their primary and she didn't know if it would be covered and she has other children in her household so she didn't want to rack up high medical bills.

Diedra Freedman: So Yeah,...

Ian: No, I mean it's definitely unless Wendy can speak to that. I'm more than happy to take that one back. Thank you.

Ian: That's obviously something that needs to be addressed.

Wendy Herring - Mercy Care OIFA: Yeah, I took a note and I will bring that back to Tyson and we'll elevate it and I have nothing else to provide from Mercy Care unless there are other questions that I can bring back.

Diedra Freedman: unless somebody else has a question for Mercy Care and you guys know we love Mercy Care and we love United.

Diedra Freedman: I just not like your providers giving information to parents and blaming you when it's not your fault when it's not the health plan. It's putting families in the middle and nobody should have to worry when their child is there. They should just worry about getting care and that's it. We'll straighten out who pays what they're gonna get paid. They just don't like the fact that your rate is less than the primary commercial rate and that's what they want and they don't want to work for it. But that's my personal opinion. So, Michelle, you're the last one to do an update and then we're done.

Updates from DDD IOC liaison

Michelle Rademacher: All right. My update's just short. I'm just going to give you, we've got the information on the metrics for December, the shared drive for the members of the committee. We uploaded 772 redacted incident reports and that included 45 open and 725 closed. The reporting we do on these reports, it's a little different from what Diane reports and has reported in the past. They're reporting from the quality team, what they enter in the system. And then we're reporting the other end of what's kind of closed out or been triaged.

Michelle Rademacher: Closed reports or reports that have been completed with an investigation and all the notes are included and those are provided to the committee within three days of closure and then the open reports are defined, reports that are still under investigation, the most recent reports and they're most recently triaged by the quality team at QMU and those reports have been triaged by the QMU team and we provide those within three days of their triage. In the drive itself, the liaisons have been kind of coordinating and organizing the drive a little bit more because there's quite a bit in there. And so, we've created some folders.



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Michelle Rademacher: We have a 2024 folder for all of 2024's incident reports and we've started our January 2025 folder and we've kind of gotten some feedback from some of your members that are looking at incident reports and it really helps them find what they're looking for and know what they want to read that's the most current in incident reports and that's pretty much all I have. We do have the town hall meeting in February on the 6th.

01:50:00

Michelle Rademacher: They're done every month on the first Thursday of the month and the statewide meeting is just around the corner. Be some good discussion points there especially with the ongoing discussion like we had today from De about the DCS issue and concerns. That's it.

Diedra Freedman: Is there anything else that anybody has to add or I'm sorry, to add, otherwise, we're going to go ahead and adjourn. Thank you all for I think it was a very productive meeting.

Diedra Freedman: I hope that strategic planning our comments were helpful and I appreciate as we've said many times of these meetings is not to put anybody on the fire line, but they're public meetings and we're here about the issues and when there are issues but I also think that we're the first to acknowledge the part that's done by DDD and I don't mean as in a pain in the posterior. I mean your effort that you are trying to do your jobs and we appreciate it.

Diedra Freedman: We will see everybody February 5, 6:00 p.m. That's the first Wednesday of the month because our members said that worked for them more than the fourth of the month. So our attendance will be obvious, things come up every once in a while. It's good that we didn't have issues and have to a quorum today. It is 7:56 January 8th, 2025. Thank you very much. We'll see you on February 6th. Good night.

Diane Kress: Thank you. Good night.

Angela Venne: back.

Ian: Good

Jaymie Moore: Bye.

Meeting ended after 01:52:44 🙌

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For all of December **2024** IRs, the Committee members have been given a total of **772** incident reports in the Shared Drive. This included **45** open and **727** for closed reports.

The IRs will be reviewed by the committee members.

Number of Questions for Quality Improvement Manager, QIM: **0**

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

All PRC meetings are being attended by Crystal Fox.

Number of Behavior Plans turned in by IOC Members: unknown

The Program Review Committee (PRC): unknown

The next scheduled meeting is February 5, 2025 at 6:00 pm.